

A Treatise on Treatment.

Designed for the use of Practitioners
and Students of Medicine.

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WITH CHARTS AND ILLUSTRATIONS.

Calcutta:
GOPEE KRISTO PAUL'S LANE,
1911.

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To
LT. COL. R. L. DUTT,

M.D., I.M.S.

This work is dedicated

IN RECOGNITION OF

His Love of Science, Administrative
Ability, and Generous Liberality

AND IN REMEMBRANCE OF

Many Acts of Kindness shown
to the Author

FROM AN

Early Period of His Professional Career.

PRINTED AT THE EXCELSIOR PRESS AND BEADON ART PRESS.

PREFACE.

Far back many years when I was quite a novice in the practice of medicine, I well remember the sundry difficulties I experienced as such and in the first instance to meet the wants of the junior practitioner in his daily dealings with disease, the present volume is designed for publication. I have here elaborately followed those methods of treatment to which general consent or weighty testimony has given a *standard* place. Some of the articles were published occasionally in the periodical journals but all of them are re-written, re-cast and re-arranged so that I am led to hope I have at length produced a work which may be looked upon as containing the latest, fullest and best practical information on the subject of treatment of disease : and now it is for the profession to accord a hearty or cold reception

In conclusion I have to thank my friend Srijiut Nogensdra Nath Dey for kindly going over the proof sheets.

J. L. Chandra

5, GOWDER KRISHNA PAUL'S LANE,

Calcutta, January 1911.

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A Treatise on Treatment.

CHAPTER I.

FEVER.

Fever is a diseased state of the system marked by increased production of heat, acceleration of the pulse and a general derangement of the functions.

“Blood seems to boil in the veins.”

Three kinds of fever :—

- (i) *remittent* i.e., *fever subsides or abates at interval.*
- (ii) *intermittent* i.e., *fever intermits or entirely ceases at intervals.*
- (iii) *continuous* i.e., *fever neither remits or intermits.*

The pathogeny of fever is variously conceived. Some think its origin is purely nervous, either from a hyper-excitation of the grand Sympathetic or from a paralysis of the moderating nerve-centre said to be situated at the union of the medulla oblongata with the pons. Others think fever to be the action of pyretogenic agents stimulating unduly the process of nutrition.

Prof. Sajous's latest theory of fever ; the thyroid (including the parathyroids), the pituitary, and the adrenals, are related as follows : (1) that the *secretions* of the thyroid and parathyroids, acting jointly, increase the vulnerability or sensitiveness of all tissue-cells, wastes, bacilli, toxins, etc., to oxidation, by a direct action on their phosphorus, thus constituting the substance now known under various names : “opsonin,” “agglutinin,” “precipitin,” “sensibilisatrice,” etc.; (2) that among the tissues thus sensitized is the governing centre of the adrenals which centre he has traced

o the pituitary body : (3) that the adrenal secretion carried to the lungs with the blood of the inferior vena cava, is the substance which takes up the oxygen of the air ; (4) that the adrenal secretion, when thus laden with oxygen, becomes the oxidizing constituent of the hæmoglobin which sustains the body-heat, metabolism and nutrition : and (5) that the power of the blood to destroy bacteria, their toxins, toxic waste-products and other poisons corresponds with the proportion of thyro-parathyroid and adrenal secretion it contains. In short, the thyroid, the pituitary body, and the adrenals thus connected by nerve-paths act jointly to enhance, when needed, general oxidation and produce a heretofore unexplained phenomenon, fever.

It is to be remembered that no fever is ever a sign of a sthenic condition of the organism, but on the contrary, is always a sign of asthenia of the organism. Fever is not a disease in the truest sense of the term. It is a mere symptom of some latent process working insidiously in our mechanism.

Hence it is our maxim that whenever a fever makes its appearance, it is the imperious duty of the physician to sustain the patient's vital force for the very purpose of helping him to put out the fire that threatens to consume the patient now or else ruin him for the demanding actions of life in time to come.

The principles and problems of immunity are of vital and imminent importance. Indeed, in a broad sense, they constitute the principles and problems of Medical Science.

H. Orndoff remarks :—

“Natural recovery from bacterial disease only takes place in virtue of an acquisition of immunity to the infecting agent and with but few exceptions all medical treatment simply aims to promote this end.” Immunity plays a vital and fundamental role in the cure of disease, and physician should know about its *modus operandi*.

Physician should try to support patient's strength, to improve the general vitality, and facilitate the performance of the normal

physiological processes by properly prepared and regular diets, by providing fresh air and by the removal of pain and other, symptoms which tend to impair the patient's strength. These agents are of paramount importance in medical treatment, but in themselves are useless and they only act by hastening the evolution of immunity, without which the disease must necessarily progress to a fatal issue.

Broadly speaking immunity is formed by active and passive methods :—

Before describing anything about active and passive immunity, let me try to explain :—

(1) The principles of Active immunization.

Koch's idea was that of a local action on diseased areas; Ehrlich ascribes it to the union with receptors of the tissue cells; Metchnikoff, to phagocytosis; Wright, to the increase of opsonins in the blood, and Sajous, to its power of stimulating the "test organ" of the pituitary body, the latter being the nerve centre which controls the functional activity of the thyroid and adrenals and through these organs, the immunizing power of the blood.

In his recent work on the "Internal Secretions," Sajous has pointed out that the blood's immunizing properties are found in the secretions of the ductless glands, and makes this postulate "the power of the system to antagonize the constitutional effects of the pathogenic germs, is directly proportionate to the functional efficiency of the adrenal system," the latter being composed of the pituitary body as governing centre, the thyroid glands, and the adrenals. According to this view, it is by and through the adrenal system that all the immunizing substances are manufactured, and instead of having a multiplicity of antibodies he resolves them into two groups, both caused to appear in the blood by the exciting action of the tubercular toxin on the adrenal centre: the *preparatory* group (opsonin, agglutinin) composed, as shown by correspondence of chemical tests, of the thyro-parathyroid secretion, which sensitizes bacteria and toxin,

and the *bacteriolytic* or *antitoxic* group (amboceptor and complement in plasma and phagocytes) composed, as also shown by chemical correspondence, of the adrenal secretion, a trypsinic ferment and nucleoproteid granulations of certain leucocytes.

Gruber, Wright and others had expressed the view that the antibodies were internal secretions of the tissues of the body and the opinion prevails that they are physiological products of tissue cells, but Sajous has shown that while they are present more or less in all tissues, their *original* source is the thyroid adrenals and pancreas, since removal of either of these organs inhibits, the immunizing power of the body and of all cells. In the blood, the antibodies act chemically (by hydrolytic digestion) upon the bacteria and their toxins, in his opinion, these pathogenic substances being thus converted into benign and eliminable products.

Fassin, of the Bacteriological Institute of Liège, Belgium, found since that "the bacteriolytic and hæmolytic alexins were increased when thyroid preparations were given in any form," while Marbé, of the Pasteur Institute, found that this applied to opsonins, "the phagocytic activity of leucocytes for various bacteria, including the tubercle bacillus and the bacillus coli, being markedly increased," under the influence of thyroid. Conversely, removal of the thyroid gland reduced greatly the opsonic power of the blood.*

(2) Nature and Variation of Immunity.

It must be remembered that an established immunity is not a definite, fixed condition, but that its border lines are movable and what in one instance may be successfully resisted may in another instance be sufficient to overpower the defending organism, *e.g.*, in the case of pneumococci, a bacteria very widely distributed, and almost universally present in the mouth. In all ordinary circumstances resistance is sufficient to ward off real infection, but under adverse circumstances, as by fatigue, starvation, cold, overdoses of alcohol, etc., the bodily resistance may be

* *Pratique Médicale*, October, 1908

lowered to a point which permits them to gain access to suitable soil for rapid propagation, and infection occurs.

By infection we mean the gaining of a foothold by living virulent pathogenic bacteria in a region where their toxins may act on the tissues of the body.

Along this same line it will be well to recall the condition pointed out by the master pioneer of our development Prof. Elias Metchnikoff. Of the lower animals the hydra occurs in water which naturally contains saprophytic bacteria; while the hydra lives, it enjoys security against the action, but death breaks this immunity, and in a few hours its protoplasm is broken down by putrefactive processes.

Immunity, then, to putrefactive bacteria is a condition of life in the whole animal kingdom, and has been designated "inherent immunity." This condition explains the rotation of nitrogen, and thus prevents the locking of all nitrogen provided by nature in old protein compounds.

We may easily understand, then, that "absence of bacteria or absence of immunity are alike incompatible with life."

Immunity.

Active

produced by vaccine therapy which consists of the injection into the patient of the actual organism causing the disease previously killed by heat.

Active immunity depends upon the induction within the body of some form or other of

Passive

produced by Serum therapy (Nature's method of recovery in diseases of bacterial origin due to formation of antibodies in the Serum).

Passive immunity depends upon the influence in the body of the elements of an organism

Immunity—Contd.

Active

Passive

active disease process, either vigorous or modified, of the disease against which immunity is desired.

The principal point is that the tissue cells are subjected to the action of an organism or its products which provokes the cells to provide a resistance and are henceforth less susceptible.

It is most adapted to the management of the mild or Chronic Stages.

already rendered immune. It is most adapted to combating acute Stages of infection.

(N.B. -Anti-typhoid inoculation means injection of a poison or dead organisms to produce an anti-body ; it may be used as a prophylactic measure.)

Injection of Vaccine.

The immediate effect of a dose of vaccine is :—

- (1) The “*negative phase*” i.e., the resistance of the patient is lowered.
- (2) And this is followed by the “*positive phase*,” in which there is a marked rise in the opsonic index and in the resistance of the body.
- (3) And finally a gradual fall in the index when the dose has been correct.

N.B.—Opsonic index is a reliable guide, but according to others it is not so owing to its variability.

The Difference Between Vaccine and Antitoxin.

One Stimulates the Patient's Resistance, the Other Combats the Toxins Independently.

The *Journal of Therapeutics and Dietetics* points out an important difference between the action of a vaccine and an antitoxin. The antitoxin of diphtheria, for example, acts immediately to neutralize the toxins with which it comes in contact in the bodies of the patients into whom it is injected. It acts without calling upon the patient for any assistance in overcoming the poisons of the bacteria, he being merely a passive agent. And this is the general rule with antitoxins. In the case of vaccines, on the other hand, it is explained, they are themselves incapable of directly influencing either the bacteria themselves or the poisons formed by them. Their function is to stimulate the immunizing machinery of the individual to react and produce substances called opsonins, which will influence the bacteria. In the vaccine treatment, therefore, the patient plays an active part in the process, and in order for the result to be successful, he must possess sufficient resisting power to enable him to react under the stimulation of the vaccine. In moribund patients the vaccines are therefore useless; and in order to secure the best results the treatment should be instituted as soon as the diagnosis is established.

In the Septicæmia the bacteria multiply in the blood, and the protective bodies are not formed until some bacteria are deposited in the tissue suitable for the production of the antibody. So that if the organism causing the Septicæmia can be isolated, and a vaccine prepared from it, and this injected subcutaneously, the manufacture of the antibody is stimulated, and the death of the causal organism follows, with recovery of the patients.

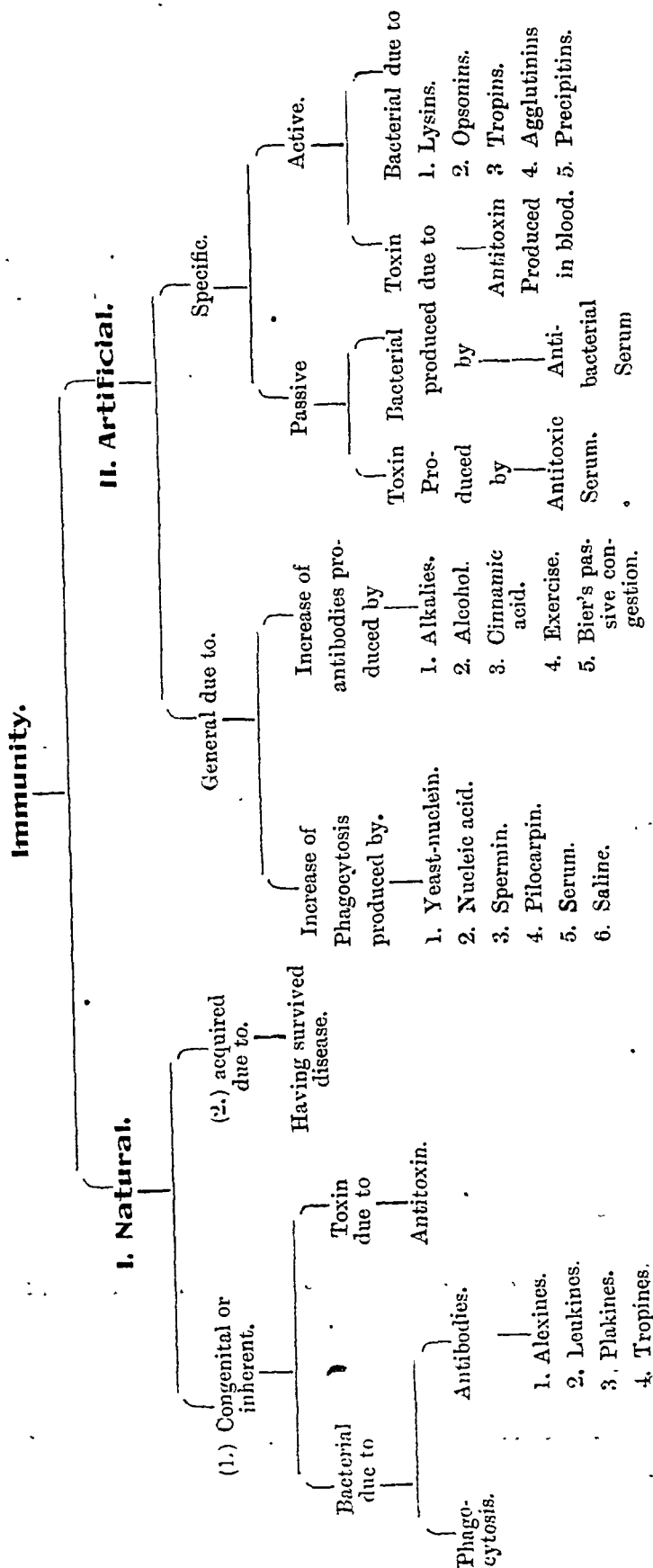
Dr. Thomas in the American Medical Association Jan. 29th, 1910, on the other hand remarks regarding the use of bacterins during the course of an acute infection :—

“ The defences of the organism have already been exhausted and broken down, which accounts for the occurrence of the

bacterimia. How illogical therefore, the introduction of an antigen, in the hope of stimulating these body cells to the production of antibodies, when their supply has already been consumed! We must not expect the impossible from bacterin therapy: Scientifically considered the inoculation of bacterin may not only do no good, but actually result harmfully. If the theory of Vaughan be correct, albumen in the body is broken up into the toxic and non-toxic group."

"At the time of the heterogenous injection of dead bacteria, the body attacks the albumen so vigorously and releases so much of the toxic group that it is overcome by the poisonous radicle."

The diseases contra-indicated for bacterin therapy are the diffuse infections characterised by Septicæmia, Pyæmia and grave Sæptemia. On the other hand, late in the course of the disease, if the patient survives, it must be recalled that the inoculation of dead bacteria may act beneficially.



Von. Ofenheim's Chart modified.

N. B.—Phagocytosis is diminished by—

1. chronic alcoholism.
2. other poisons.
3. quinine ; it lowers temperature due to destruction of leucocytes therefore it is contra-indicated in all bacterial infections except Malaria where quinine acts on the plasmodium. (Von. Ofenheim, *clinical Journ.* 18th. Aug. 1909).
4. Morphine (Reynolds, *Lancet* 26th February 1910).

Theory of bacterial immunity.

1. Phagocytosis only.
 2. Serum only.
 3. Serum and phagocytosis combined.
-

The administration of alexines through the Mouth :—

Prof: Buchner found out a protective Substance—“ *alexine* ” in the mother’s milk, which possesses the power of destroying bacteria by dissolving them.

Prof: Von. Poehl. isolated this alexine and called it “ *Lactalexine* ”

Infants not nourished with mother’s milk are generally rickety or scrofulous, but when treated with lactalexine along with good food and fresh air are in herald of health within a short time.

Direction of use :—

A teaspoonful of lactalexine in a glass of boiled warm milk between meals four times a day.

Its Composition :—

Lactalexine is a bactericidal preparation containing sugar of milk.

Dr. Langheld in the Therapist March 15, 1910. narrates his experiments thus:—

Four tablespoonfuls per day, each of 10 grms., for six days = $4 \times 10 \times 6$ grms. = 240 grms. of Lactalexine. This quantity, with a small proportion of heat values per day, produced an increased weight of four pounds. It therefore cannot be asserted (the child was always weighed afterwards) that Lactalexine is a food preparation. He regards the process as analogous to that of the well-known phenomenon that persons with latent syphilis, in spite of curative treatment, do not gain weight as long as Wasserman's reaction is positive, but immediately on the beginning of specific treatment they gain rapidly, and maintain this as long as the reaction remains negative. Conversely, they fall off again as soon as the Wasserman's reaction is once more positive. Therefore, on beginning treatment with Lactalexine, the bacteriolytic power of the alexine is set free, and allows the body fluids the recovery which imparts an increase of weight to the organism.

Our organism is never without alexines whether they are present in sufficient or insufficient number. If we are once able to administer variable doses of these protective substances organo-therapeutics, whether pathological, or physiological, will celebrate a triumph which has hitherto been withheld from it owing to excessive zeal, hasty generalization, or questionable commercial methods.

Antitoxins, Oral Administration of.

Inhibition of digestion permits the absorption of toxins and antitoxins from the stomach. By treating children as follows, the oral introduction of antitoxin has given uniform and satisfactory results: when possible no food for at least four hours before administering the serum; one hour before giving the serum a glass of one per cent. sodium bicarbonate solution is given; and with the antitoxic serum is given one minim of a fluid extract of opium and from four to ten minims

of a saturated solution of salol in chloroform. In 19 children and hundreds of animals treated along these lines serum sickness did not occur. The authors believe that the oral method may be preferred for prophylaxis because of the ease, the absence of danger, and the small cost. For curative purposes however, the hypodermic method can not yet be replaced. In animals toxins by the mouth may produce a high immunity by absorption of the toxin promoted by the means mentioned—C. T. McClintock and W. King (*Journal of Infectious Diseases*, February, 1909).

Opsonins.

1. Opsonins are hypothetical substances in the blood-plasma which prepare the Micro-organisms for disposal of the leucocytes. Hence we see leucocytes play a passive part while opsonins the active part.
2. Leucocytes performing the function of ingesting bacteria or other foreign substances are called phagocytes, *i.e.*, the leucocytes are performing phagocytic action.
3. The normal amount of opsonins possessed by an individual is determined by counting the number of bacteria which are ingested by a certain number of leucocytes in the blood serum. This is called the phagocyte-count.
4. The normal phagocyte-count for most of the pathogenic micro-organisms now being a matter of record, all that is necessary is to determine the phagocytic action of the sick person's blood for any particular bacterium and compare it with the normal standard: this being easily done by any one familiar with hematology and bacteriology.
5. The phagocyte-count of the patient having been determined, the "opsonic index" is obtained by dividing it by the normal phagocyte-count for that particular bacillus or coccus.

Thus if examination shows that in the Serum of the patient 240 bacilli of tuberculosis are ingested by 40 leucocytes in 15, the phagocyte-count of that individual would be 240 divided by 40 that is 6.

Now, in normal blood-serum only 160 of these bacilli are ingested, that is the normal phagocyte-count for the bacteria of tuberculosis is 4.

So the "opsonic index" of the patient is found by dividing his phagocyte-count. (6) by the normal phagocyte-count for tubercle-bacilli (4); giving 1.5.

The precise value of the opsonic index has not yet been determined.

N. B.—Changes in the erythrocytes may be of more importance than those of leucocytes

Rouleaux formation of the blood:—

Lauder Brunton in Journ. Path: 1900 advances the thesis that rouleaux formation is close akin to the phenomenon of bacillary clumping, and not so much due to the mechanical properties of the corpuscles and Serum as was supposed.

Rouleaux formation increases in certain diseases, *e.g.*, Rheumatic fever, Pneumonia and Septic fever.

Rouleaux formation diminishes in all forms of anæmia.

Food values in fever.

Fever is a helpful ally. If fever be prevented by the use of antipyretic drugs infections otherwise innocent would prove fatal, and from this we learn one grand truth that in the vast majority of instances the physicians should not attempt to modify fever.

Scientific investigation has proved beyond doubt the value of diet of high caloric value and rich in carbohydrate, in fever. It protects, to some degree, the proteins of the body which otherwise would be rapidly destroyed.

The followings are the ideal foods in fever :—

1. Sago, salt and water flavoured with orange.
 2. Sago, sugar and water flavoured with rose water.
 3. Barley, wheat and rice gruel.
 4. Soups of French bean, potatoes, &c.
 5. Milk or fermented milk.
-

Fever tends to cause constipation, and nothing is more important in fever than to keep the *Via primæ* open. Moreover, in fever the functions of the liver and digestive organs are depressed, and the state of the tongue is the best index of the state of the digestive tract and liver.

The liver probably subserves the useful rôle of disposing of waste products of metabolism, and may get rid also of toxic products of bacterial origin, perhaps even of bacteria themselves.

Specific Infectious Disease.

CHAPTER II.

TUBERCULOSIS.

Tuberculosis is an infective disease and that without the presence and aid of *Bacillus tuberculosis* there can be no *tuberculosis*. The writer could not help quoting the dictum "no tubercle bacillus, no tubercle."

We are all painfully aware of the dreadful ravages of this fell disease which sweeps away annually myriads of souls throughout the length and breadth of India.

No class is exempt, no walk of life is free from the scourge; we find it alike in the hovel of the poor and the mansion of the rich. The questions naturally strike us "Can tuberculosis be prevented?" "Can tuberculosis be cured?"

The physicians of the past regarded phthisis as an "incurable" disease. Personally the writer believes that in the large majority of cases in the early stages pulmonary tuberculosis can be cured; and in advanced cases the disease can be kept in abeyance for a considerable length of time and the lives of the sufferers can be made comfortable.

Human and Bovine tuberculosis.

There are two types of tuberculosis of which mankind is susceptible, *viz* :—

1. Human.
2. Bovine

1. Man is the all-important source of tuberculosis in man.
2. Bovine type causes tuberculosis to bovines, swine, to a less degree to children and to a lesser degree to young

adult; hence the danger of using infected cow's meat, milk and butter.

Tuberculous cow is a potential or actual centre of infection. Try to detect suspected cows by tuberculin test and destroy them at once.

In 1898 Theobald Smith had proved to the bacteriological world that the bovine tubercle bacillus differs from human variety in several important points. Prof. A. Eler Leipzig in the *Muenchsner Medicinische Wochenschrift* for January 18th 1910, concludes after a series of experiments that it is possible to transform the tubercle bacillus derived from tuberculous material from human sources into a form highly virulent for cattle and rabbits, and which in other ways behaves like tubercle bacilli of bovine type.

Avian and human tuberculosis :—

The human tubercle bacillus is pathogenic to the pigeon in a very limited degree only.

The avian tubercle bacillus is pathogenic to the guinea-pig in a very limited degree.

At the Ninth International veterinary Congress held at Hague (*September 14th-19th, 1909*), one of the subjects discussed and the conclusion arrived at was the transmission of avian tuberculosis to mammals, and that the avian bacillus is not physiologically identical with the human.

Life of the Tubercle Bacillus Outside of the Human Body.

The air of exhalation is sterile and harmless, and there is no physician or scientist, who, having even a slight knowledge of the bacteriology and pathology of this disease, will dispute that fact. To contend to the contrary is but an expression of ignorance.

The tubercle bacillus is not found floating about in the air around or near the home of the consumptive, even if the consumptive should be a careless one.

The tubercle bacillus in sputum, fæces, urine and abscess discharges lives outside of the body.

The majority of the tubercle bacilli in sputum are dead before the sputum is raised. Kitasato, a Japanese scientist, has demonstrated that fact by experimental research, showing that about 95% of them are found to be dead when raised.

It is as certain that dead tubercle bacilli cause no disease as it is that "dead men tell no tales."

The majority of tubercle bacilli found in phthisical sputum come from the caseous areas, which have neither blood nor lymph supply. So, starved of food and aeration, bathed in its own destructive poison, it soon dies.

The living tubercle bacilli found in tuberculous sputum do not come from the caseous areas. They are cast off from those tissues surrounding the caseous areas, tissues which still have life, blood and lymph supply. There the germs find conditions necessary to life. They have food, aeration, and are not being constantly bathed in their own poisonous excretions. Bacilli will live longer in dry than in moist sputum.

Enemies of tubercle bacillus.

1. The germs of putrefaction multiply more rapidly and hasten decomposition in a moist media than in a dry one. Putrefaction of sputum is very deadly to the tubercle bacillus for two reasons. First, because the products of putrefaction are very toxic to the tubercle bacillus; secondly, the putrefactive germs multiply more rapidly during such a process, and soon deprive the tubercle bacillus of its aeration which latter condition has been spoken of as "crowding out."

When the sputum dries, the bacilli become encased in an impervious capsule of desiccated mucus, which protects them

from extraneous conditions which favour their death, the chief condition being the attack of the putrefactive organisms. It is, therefore, obvious that tubercle bacilli will live outside of the body longer in dry sputum than in moist sputum. Therefore, our first lesson is never permit the sputum to dry and we will hasten the death of the contained bacilli.

2. Light is deadly to the tubercle bacillus. Direct sunlight is rapidly fatal, in fact, as a germicide, there is nothing better, with the exception of fire. Pottinger¹ says "the surest enemy of the tubercle bacillus is light."

3. The omnipresent saprophytic organisms found in abundant numbers everywhere, deprive the tubercle bacillus of its necessary aeration. Cornet² says "It is therefore illogical to speak of a place or a dwelling as saturated with the accumulated growth of years of bacilli."

The treatment of Pulmonary tuberculosis is divided under two broad headings :

i. Preventive.

ii. Curative.

1. Preventive.

It is now an established fact that the disease is caused by the microbic germ called after its discoverer "Koch's tubercular bacillus" and that the sputum is the very cradle of germs : hence if we can destroy the sputum we can nip the spread of germs in the bud. "Hope springs eternal in the human breast." The writer quotes the old motto "prevention is better than cure."

1. The baneful practice of spitting on the walls, floors, public cars, in short, here, there and everywhere, are the prolific sources of spreading the contagion. The sputum dries up ; the germ will remain in a dormant state for a considerable length of

¹ Pottinger. Pulmonary Tuberculosis.

Nothnagel's Encyclopedia of Practical Medicine. Amer. Edition.

time and may roll from place to place till it gets a favourable nidus to thrive and makes a havoc within its new intruder.

The best plan would be to educate the rising generation of youths during their scholastic careers, and to issue order to be formulated into a law that "spitters" will be prosecuted. This procedure outwardly sounds harsh, but for the safety of the public such a law will surely bear good fruit in the end. The phthysical patient must spit in a cup containing some antiseptics, and when out of doors they should spit in a specially made little pocket flask which they must carry and which is regularly and frequently cleansed and disinfected.

Japanese paper serviettes or handkerchiefs as used in some British Sanatoria can safely be recommended and to be burnt afterwards to nullify the risk of infection.

2 So far the writer remembers right the rooms of phthysical patients are not disinfected as are done in other infectious and contagious diseases by the Municipality of the Metropolis. Will the Sanitary authorities enquire into the matter and thereby try to save the community from drowning in the gulf of tuberculosis ?

3. To sleep in a seperate bed should be the rule.

4. Milk is undoubtedly a vehicle of the disease and should be carefully boiled.

5. Meat should be well cooked. Goat is said to be immune from tuberculosis.

6. Diet should be generous and must contain a large portion of fat.

7. Dry well aired room where the sun has free access.

8. Out-door exercise in open air.

9. Daily cold bath.

10. Use of flannel next to the skin.

11. Heredity plays an important part in the roll of the disease.

12. Marriage ought not to be encouraged amongst tubercular patients.

13 Always wash your lips and hands before eating or drinking, and rinse out your mouth.

14. The custom of kissing by consumptives is dangerous.

II. Curative.

From the Statistics of British Sanatoria: "Cures are obtained in from 80 to 90 per cent. of all cases in which the treatment is persisted insufficiently. In comparatively advanced cases about 50 per cent. are cured; whilst in nearly all cases even the most unpromising, considerable improvement results from continued treatment."—(*A hand-book of Open-Air treatment by Dr. C. Reinhardt and Dr. D. Thomson—Page 32.*)

There are four kinds of Phthisis, *viz.*—

- i. Miliary tuberculosis.
- ii. Caseous tuberculosis.
- iii. Fibroid tuberculosis.
- iv. Fibro-caseous tuberculosis.

The writer summarises treatment under six heads:—

- i. Medicinal.
- ii. Syntomatic.
- iii. Treatment by tuberculin.
- iv. Dietetic treatment.
- v. Hygeinic. treatment.
- vi. Open-Air treatment.

I. Medicinal treatment of phthisis.

The disease is divided under four stages:—

- (a) Stage of infiltration.
- (b) Stage of softening.
- (c) Formation of cavity.
- (d) Stage of contraction.

Medical profession in its present status is helpless to cope with this terror—"the white plague," but "there are many drugs which assist in strengthening the system, and thereby they may assist the cure." (*A hand-book of Open-Air Treatment—Pages 89-91.*)

Even the Brehmer Tripod, *viz*, the greatest amount of food, rest and fresh air, upon which the Father of the modern therapy of tuberculosis has declared that all treatment must stand, becomes a familiar expression.

The main indications are :

- (1) To reduce inflammation.
- (2) To destroy the virus.
- (3) To build up the strength.
- (4) To palliate the symptoms.

Internally :—

1. In incipient stages the following prescriptions act like a charm :

(a) R

<u>Arheral</u>	gr. vi.
<u>Hetol</u> : (Sodium cinnamate)	gr. vi.
<u>Guaicol Benzoas</u> :	gr. xxxviii.
<u>Quinine glycono-phosph.</u>	gr. xxiv.
Ext. Nucis Vomica	gr. vi.
Syr : Glucose q. s.	

mft. divide the mass into 24 pills : sig. one thrice a day.

(b) R

<u>Sodium cinnamate</u>	gr $\frac{1}{4}$.
<u>Thiocol</u> -	gr. iv.
<u>Sodi Cacodylate</u>	gr. $\frac{1}{8}$
<u>Quinine Glycono-phosph.</u>	gr. i.
Ext. Nucis. Vomica	gr. $\frac{1}{4}$.
Syr. Glucose q. s.	

mft. for a pill : sig. one thrice a day.

2. Kugloid :

The writer highly recommends these Capsules : dose one or two thrice a day.

3. R

Urea

gr. xv.

Aq. Cinnamon

ad. ℥j.

mft. for a dose : sig. one thrice a day ; the object being to bring into the system sufficient amount of urea which is lauded to be an antidote. Stop the mixture when there is diarrhoea.

4. Creasote is said to be a specific :

(a) Creasotal m. x. in milk thrice a day.

(b) When there is much expectoration :

R

Creasotal

℥ii—iv.

Syr : picis liq :

℥iiss.

Syr : Cascara Sag.

℥iiss.

Ext : Nucis Vomica liq :

℥ss.

Syr : hemidesmus

ad. ℥viij.

mft. Put 24 marks : sig. one thrice a day with an ounce of water.

5. *Codliver oil in the shape of :

(a) Waterbury's Metabolized Codliver oil.

(b) Lofatol.

(c) Murrhol in Capsules.

(d) Cream of malt with codliver oil hypophosphites and Creasote : (*Openheimer and Sons.*)

6. Nuclein : (*Parke Davis & Co.*)

DOSE:—One or two capsules (each contains 2 grains of dry nucleinic acid) thrice daily between meals and at bed time. In all forms of tuberculosis it appears to be an ideal means of combating the invasion; it produces leucocytosis, and the treatment is well worthy of trial in conjunction with the ordinary remedies, *viz.*, Creasotal and Codliver oil.

7. Lecithin pills : (*Parke Davis & Co.*)

Dose one three times a day.

*N. B.—If the patient cannot bear codliver oil Anger's Petroleum Emulsion is an excellent substitute,

8. Thiocol acts admirably well in infantile tuberculosis, usual dose being ten to fifteen grains.

9. Zickgraf (*Centr. f: inn. Med. May 16, 1908*) advocates the use of sodium silicate in pulmonary tuberculosis.

Silicates are contained largely in connective tissue, and it is suggested that if there is a plentiful supply of silicates the pulmonary connective tissue becomes better nourished and more able to limit tuberculous disease.

Locally:—

1. R

Oil Morrhue	℥i.
Oil Eucalyptus	℥ii.
Oil Cinnamon	℥i.
Camphor	℥ss
Lanoline	ad. ℥ii.

mft. to be rubbed over the chest, front and back twice a day, *viz.*, once at noon, another before going to bed.

2. Paint the affected part with the following:—

R

Creasote	℥ii.
Lint Iodine	℥iv.

mft. to be applied as directed.

Inhalation:—

1. Formalin Inhalation.

The writer strongly recommends the formula as advocated by Dr. Lardner Green, *Lancet*, August 19, 1899, and a little modification as published in *British Medical Journal*, Jan. 20 1900—Page 139.

R

Formalin	℥ i.
Glycerine	℥ivss.
Spt. Ammon Aromatic	m. x.
Aq: pura	℥v.

mft. to be used with an inhaler 4 to 6 times a day.

2. Chlorotone inhalent through a nebulizer (*Parke Davis & Co.*)

3. Menthol paroline in a paroline atomiser.

4. R

Acid Carbolie	gr. x.
Oil Eucalyptus	m. xii.
Menthol	℥ss.
Hazelline	℥j.
Pinol	℥ss.
Paroline	ad. ℥j.

mft. to be inhaled in paroline atomiser six times a day

5. Creasote in Coghill's dry respirator.

6. R

Oleum pini	℥i.
-- Cinnamon	℥ss.
Terebene pure	ad. ℥j.

mft. to be inhaled in Maw's or Mudge's Steam Inhaler.

II. Symptomatic treatment of Phthisis.

1. *Night Sweat*.—

(a) R

Agaracin	gr. $\frac{1}{12}$.
Dover's Powder	gr. ii.
Syr : glucose q. s.	

mft. for a pill : sig. one at bed time.

(b) R

Zinc Oxide	gr. ii.
Ext. Belladonna	gr. $\frac{1}{4}$.

mft. for a pill : sig. one at bed time :

2. *Dry Cough*.—

(a) Codeine jelly a tea-spoonful during fits of cough.

(b) Angier's Petroleum Emulsion a tea-spoonful.

(c) Trochisci morphin et ipecacu ; one when required.

(d) R

Dover's Powder	gr. x
Pulv. Antimonialis	gr. ii!
(Jame's Powder)	

mft. for a dose : sig. at bed time.

(e) Tabloid Benzoin Co. One during fits of Cough.

(f) In troublesome Cough.

R

Acid Hydrocyanic (dil)	m iii
Acid Nitro-muriatic (dil)	m x
Liq. Morphin hydroch	m v
Vin. Ipecac	m vii
Syr. Prunum Vergenium	3ij

mft. for a dose : sig. one when required.

(g) Glyco-Heroin : half a tea-spoonful when required.

(h) Use "**will power**" that "I shall and will not cough."3. *Hæmoptys* :

Open the bowel by the following :

R

Mag. Sulph.	3 i
Acid Sulphuric Aromatic	m v
Tinc. Cardamon Co.	m xx
Aq. Menth pep.	ad. 3j

mft. for a dose : sig. one every two hours till the bowel is opened.

Then prescribe any of the following :—

(a) Hewlett's mixture heroin et turpin or

Elix. Heroin et Terpen hydrat (P. D. & Co.).

Dose :—A teaspoonful every 3 or 4 hours up to 3 doses.

Sedative properties of heroin and Stimulant properties of terpin are of special use in cough and bronchial irritation.

(b) The following is a favourite combination of the writer—

R

Terpin hydrate	gr. ii
Heroin Hydroch.	gr. $\frac{1}{16}$
Syr. Prunum Vergenium	3j
Mucilage acacia	3j

mft. for a dose : sig. one every 3 or 4 hours up to 3 doses.

(c) R

Calcium Chloride	gr. x-xx
Liq : Morphin hydroch :	m v
Glycerine	m x
Aq. Chloroform	ad ℥j

mft. for a dose : sig. one every 3 or 4 hours up to 4 doses a day.

(d) Calcium lactate gr. v. tabloid every three hours.

or

R

Calcii Carb precip	℥j
Acid Lactic B. P.	m 130
Aq.	ad. ℥vi

Solve : (one table-spoonful contains 15 grains calcium lactate).

(*The Prescriber* 1908.)

(e) Lower arterial pressure and arrest hæmorrhage.

- (i) Chloral hydrate and aconite.
- (ii) Nitro-glycerine hypodermically.
- (iii) Inhalation of Amyl nitrite.
- (iv) Inhalation of Chloroform as advocated by Dr. J. B. Fitch (*Journal of the American Medical Association of June 12, 1909*). Chloroform should not be used if the heart of the patient is dilated or very feeble.

4. Diarrhœa :

(a) R

Styracol (Guaicol Cinnamate)	gr. v
Dermatol	gr. v
Orphol :	gr. v
Tannigen	gr. v

mft. for a pulv : sig. one twice a day.

- (b) Lactic acid treatment is the best means of arresting diarrhœa, even it is associated with tuberculous ulceration. Compressed Lacto bacilli or fermented milk after meal is recommended.

5. Vomiting :

- (a) Opium in the shape of Nepanthc. or liq : Opii Sedativus m. v. in an ounce of Chloroform water when required.

- (b) Strong "**will force**" sometimes checks vomiting.

6. *Pleuritic pain* :

Paint the part with Creasote and Iodine : its formula is given above.

7. *Pneumothorax* :

(a) When it arises with dyspnœa, and symptoms of shock, use stimulants in the shape of Vin. Gallaci, Ether or Ammonia.

(b) Strap the chest to prevent re-accumulation of air.

8. *High fever* :

(a) Tepid sponging with aromatic vinegar.

(b) Quinine Glycero-phosph. gr. v. in the morning.

(c) Application of iced-cloths to the Abdomen for half an hour every two hours.

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9. *Mouth wash* :

(i) Odol in water

(ii) Listerine gargle.

(iii) Glycothymoline gargle.

(iv) Alkathymol gargle.

Dose :—Half a drachm to an ounce of water for gargle.

10. *Headache* :

(a) Eau-de-quinine or Eau-de-cologne lotion over forehead.

(b) R

Menthol.

gr. xx

Eau-de-cologne

℥ss

mft. paint the temple about a rupee size followed by rapid fanning.

11. *Insomnia* :

(a) Bromural gr. v. at bed time acts like a charm.

(b) R

Sulphonal

gr. x

Trional

gr. x

Vinum Gallaci

m. xv

Hot Soup

ad. ℥ij

mft. for a dose : sig. an hour before going to bed.

(c) R

Chloral Amid	gr. xv
Vinum Gallaci	ʒi
Syr. aurenti floris	ʒi
Aq Cinnamoni	ad. ʒj

mft. for a dose : sig. at bed time.

12. *Bedsore* : (vide my article on typhoid).

13. *Laryngitis, pharyngitis* :

(a) Eucalyptus and menthol pestil.

(b) R

Apo-morphin hydrochl	gr. $\frac{1}{32}$
Creasotal	m i
Cubeb	gr. $\frac{1}{2}$
Mentho	gr.
Glyco-gelatin q s.	

mft. for a pestil : 3 or 4 times a day.

(c) Local application of Sun's rays by means of a reflected mirror into the larynx for quarter of an hour, is said to be beneficial.

During convalescence there is no better medicine known to the writer than Huxley's Syrup of Acidi Glycero-phosph. with or without formates :

DOSE :—A teaspoonful twice a day after meal with guaiacol benzoas gr. v-x. early in the morning.

III. Treatment by tuberculin.

It depends upon the principle of immunisation ; it is now admitted on all hands that tuberculin injection as a remedial agent is useless.—Dr. Savill.

Tuberculin Therapy.

Koch's view—

Tuberculin Acts specifically not upon the tubercle bacillus but upon the tuberculous tissue, causing its death and disin-

tegration when it is either absorbed or discharged from the body.

Now the pathological side. As tuberculosis is both a bacillary and antitoxic disease, we have two processes going on in the tubercular area; 'one, sclerosis, encapsulation (conservative and healing): the other, caseation, softening, destructive and dangerous.'¹ Therefore, the rational application of tuberculin can be had only in strictly localized processes, and in early pulmonary tuberculosis, where the focus of infection is cut off from the blood-stream. "In this class of cases," says Douglas, "the opsonic index' is persistently low, owing to the absence of the immunizing stimuli" In the formation of tubercle, there is lowered vitality in the focus of infection, caused by the absorption of the "bacteriotropic" substance by the tubercle bacilli; and because there is a deficit of autobacterial substances in the foci, is owing to the fact that their conveyance through the lymph-vessels is greatly hindered by the barriers in the form of fibrous capsule around the tubercle. Under these conditions, it is evident, therefore, that tuberculin can act on the bacilli, only in an indirect way; and this consists in raising the nutritive power of the cells in and around the infected focus, where we get encapsulation of the tubercle, and at the same time, revitalize the tissues, making them *uninhabitable* for the bacilli. But the bacillus *still retains its poisonous properties*, and at some future time will become dangerous to the organism through diminished cell resistance. Therefore we must seek such agents as tuberculin, which are specific in their nature, under whose influence the body will secrete protective substances—the opsonins, antibodies, etc., in sufficient amounts to diminish or destroy the vitality of the bacilli or neutralize their toxins.

Tuberculin is no cure for tuberculosis, but it is an ideal mean of diagnosing the disease when the body harbours even a trivial tuberculous lesion.

What benefit it gives is brought about by an active response of the body cells during inceptant stage of tuberculosis, but an

individual already overwhelmed by the disease and healthy animals as well as healthy human beings, do not produce such response.

Injection of tuberculin produces :—

1. Local reaction : it consists of redness, swelling, tenderness and pain at the site of the injection.
- 2 Constitutional symptoms, *viz.*, abrupt rise of temperature.
3. Focal reaction, *viz.*, pain in the chest, dyspnoea, increased cough and expectoration.

This sensitiveness for tuberculin is analogous to the principle of anaphylaxis that assumes a prominent role in our ideas of immunity.

Artificially we may increase or decrease the sensitiveness of an infected individual to tuberculin.

It is *increased* by the repeated injection of relatively large doses and particularly after an amount large enough to liberate a general reaction.

It is *diminished* by the frequent repetition of doses just short of the amount necessary to produce a reaction, but far more successfully by the administration of gradually increasing doses.

As tuberculin tolerance (antibodies = lysins or ferments) is acquired there is usually a noteworthy change in the general condition of the patient. The appetite and digestion improve energy and vigor increase and nervous symptoms abate. Thus we see tuberculin tolerance leads to tuberculin immunity. Fibrosis occurs rapidly ; the significance of agglutination and of phagocytosis is not fully understood.

Hence in the treatment of pulmonary tuberculosis our object should be to attain tuberculin tolerance without the intervention of reactions.

Methods of using tuberculin are divided into two groups :—

The first group is represented by Lowenstein Roepke and others. The object is to reach high doses of tuberculin in the shortest possible time.

The second group is formulated by Trudeau, Sahli and Denys. The aim is to arrive at as high a grade of tuberculin tolerance as possible, the reaching of large doses is not the ultimate object

Varieties of tuberculin :—

There are four preparations of tuberculin :

1. The filtrates of liquid cultures of the tubercle bacillus, *e.g.*, "O.T." or original tuberculin of Koch and "B. F." or broth filtrate of Denys.
2. Suspensions of the ground-up portions of the tubercle bacilli themselves, *e.g.*, "T. R." or Koch's tuberculin rest.
3. Extracts of the bacilli, *e.g.*, Von Ruck's watery extract; Von Behring's preparations.
4. Combinations of the foregoing varieties, *e.g.*, the new tuberculin or bacillen emulsion of Koch "B.E."; Beranek's tuberculin.

Indications—

The type of cases most desirable and, which, in my experience has yielded almost invariably good results, are :

First.—The incipient and moderately advanced cases, which are mostly afebrile, with a temperature ranging at times not over 100° F., and whose nutrition is good.

Second.—Uncomplicated first and second class cases with fever, although bacilli are found in the sputum.

Third.—Fibroid cases without febrile reactions.

Fourth.—Cases where fever is due solely to the toxin of bacilli and will not abate under rest and hygienic treatment: small tentative doses may do good.

Contraindications.—

1. Acute miliary cases.
2. All third stage cases with mixed infection.
3. Second stage cases with bad nutrition and mixed infection.
4. *Hæmoptysis*. When hæmorrhage occurs, it is a signal to stop the use of tuberculin temporarily, until all signs of danger from hæmorrhagic lesions have gone.
5. *Heart disease*. Where we fear that compensation might be lost by active stimulation from tuberculin.
6. Where the frequency and weakness of the pulse are present without any recognizable heart lesions.
7. Weak and greatly emaciated patients with a feeble and fast heart action.
8. All complications of internal organs, and nervous diseases (Ringer).

A daily record of temperature for three days should be kept before beginning treatment. The injection should be given in the morning. The patient should not exercise during the day. He should keep a two hours' record of temperature each day, until next injection.

Alcohol and all intemperance must be sedulously avoided.

Dosage:—

The most important feature in tuberculin therapy, and one on which success or failure depends, is the question of dosage. Whether we adopt the opsonic index as a guide, or rely on clinical symptoms, the one important thing is, the *correct dose*.

Therefore to be on the safe side we should :—

First.—Begin with an infinitesimal dose.

Second.—Do not shorten the time by increasing the doses too rapidly, or decreasing the intervals. As all tuberculins have the same reaction, and their effects are identical, it is a matter of personal choice which preparation one should use. Dr. Weaver recommends only two; old tuberculin, and the watery extract. In using old tuberculin, we should prepare five serial dilutions in 5 vials, each dilution being 10 times stronger than the preceding one. The initial dose of No. 1 is $1/1000$ of a mg., and No. 2, $1/100$ and so on, until No. 5 is reached, which contains 10 milligrams to the dose. The beginning of each dilution is 2 minims. We begin with 2 minims and progressively increase until 20 minims are injected. Then begin the next series. Injections should be given twice a week. Having a graduated syringe holding 1 c.c., we begin with $2/10$, or about 2 drops, and increase by tenths until 20 minims are given. We then change to the next dilution No. 2, and then proceed in the same way, and so on until the highest series is reached, remembering all the time that we are proceeding under the decimal system, and that each series is ten times stronger than the former. If reaction appears at any stage, then we should discontinue until three days after normal temperature has been reached. Then begin with half of the original dose, and proceed cautiously lengthening the intervals.

The main principle is so to regulate the dose and interval that the maximum dose may be reached with as little disturbance

as possible. The intervals should be lengthened gradually, as the highest doses are reached, and extended to two weeks between the last few injections. The treatment should last from six months to two years.

Results —

To quote Trudeau and Denys, the principal faults leading to failures are :—

First.—“Beginning the treatment with too large amounts.”

Second.—“Raising the dose too rapidly, or at too short intervals.”

Third.—“Injecting again before the effects of reaction both constitutional and local have passed away.”

Fourth.—“Increasing the dose after reaction has occurred.”

Site of injection :—

Injections are made *subcutaneously* under the skin of the back in the region of the angle of the scapula, varying from right to left.

In conclusion it is well to emphasize again :—

1. that the enemy may lie in ambush—even in a dense bed of chalk—for many years in a latent condition, but is nevertheless a source of constant danger. The only weapon for such a purpose is tuberculin. (*Practitioner*, P. 197, Feb. 1910).

2. That tuberculin immunity is not tuberculosis immunity. Not only it is possible for the original lesion to spread while the patient's general condition improves under tuberculin treatment, but even when large doses are tolerated the disease may break out in other organs. (*International clinics*, Vol. IV, 19th. Series, P. 53).

3. That transcendent advantage of early diagnosis is one of the natural fruits of tuberculin treatment.

4. That the pendulum will swing back in time and tuberculin will find a place with us even as a curative agent.

5. That tuberculin treatment is *only an adjunct* to the dietetic, hygienic and open air treatment and thus it is one of the most effective methods of warfare against "**The Captain of the Hosts of Death.**" (*Monthly Cyclopædia and Medical Bulletin*, P. 278, May 1909).

IV. Dietetic treatment :—

Each case must be dealt with on its merits.

Professor Osler has rightly remarked :—

"The healing of the tuberculous process is largely dependent on the state of nutrition, and the question of diet becomes of the first importance."

Chronic malnutrition due to lack of proper food, defective mastication, dyspepsia. etc., is known to be a powerful predisposing cause of tuberculous infection : but the social status and occupation of the patient must be borne in mind, because, as a French politician observed on a very solemn occasion, "It is no good asking the impossible." John F Russell in the Medical Record, December 18, 1909 remarks that the cause of pulmonary tuberculosis is lime starvation, and recommends raw milk and foods containing acids, which transform rennet of stomach into activity.

A list of diet is given below.

- (a) Milk with plasmon.
- (b) Milk with castumen
- (c) Virol consists of red bone marrow combined with extract of malt and eggs.
- (d) Eggs : half boiled or as egg flip.

Mircoli found that under the influence of alcohol the body acquired the power to resist the tubercle bacillus. (New York, med : Journal Jan. 1, 1910.)

- (e) *Raw meat juice $\frac{3}{4}$ ii—iv morning and evening.
- (f) Fresh cream with milk early in the morning.
- (g) Plainly cooked liver, spleen, kidneys, etc., of animals as they contain urea and lecithin.
- (h) Hoff's liq. malt half a bottle twice a day after meal.
- (i) Sanatogen is spoken of highly by some physicians.
- (j) Onion, garlic, raw carrot and cinnamon are good.
- (k) Miol.
- (l) Ovaltine.
- (m) Soups: chicken and mutton broth thickened with arrowroot or barley.
- (n) Fresh fish of all kinds.
- (o) Fresh vegetables and fresh fruits in moderation.
- (p) The juice of the plantain in tuberculosis.—Dr. J. Montelvo of Brazil, South America, has published an article in which he claims that the juice of the plantain, or the ordinary cooking banana (*musa sapientum*), works miracles in the cure of tuberculosis. He says that he was called to visit a man in the advanced stages of tuberculosis, with frequent cough, abundant expectoration, night sweats, high fever, extreme emaciation, diarrhoea, anorexia and history of tuberculosis in the family.

The juice of the plantain was ordered, preference being given to the variety known as San Tomhe, which is the strongest. A large stock of the plant, about fifty centimeters long was cut daily, and the juice expressed in the sugar mill, after which it was filtered and kept in bottles. A wine glassful of this

*N. B.—Where raw meat juice cannot be had. *Zomol* is prescribed: Dose a drachm dissolved in 4oz. of cold water.

water was taken by the patient every two hours during the day, and after three days of this treatment he was able to walk around; the cough and expectoration soon disappeared, the appetite returned, and it is claimed that after two months of this treatment there was complete convalescence. Other members of the family have also been cured of the disease by the same treatment.

The juice cannot be preserved for many days, as it is prone to ferment, thus losing its tonic properties.

V. Hygienic Treatment:

Plenty of food, plenty of clothes and plenty of exercise are the very essence of treatment:

Exercise too should be limited to a point short of fatigue, not to it. "The healthy man sits down because he is tired; the consumptive should sit down so as not to become tired."

(a) Exercise: Slow walking and massage are the best form of exercise.

(b) Dressing:

(i) In the morning before going out for a walk the patient should wear a natural wool vest, a natural wool combination, a flannel coat, cashmere hose, gloves and felt shoes; the object being to avoid draft.

(ii) During noon the same dress except the combination, the hose and the gloves.

(iii) At night a lamb's wool vest, the combination, flannel coat one quilt, a fascinator and a blanket.

The use of coloured light rays in the treatment of disease has passed the experimental stage. Opal light is considered to be of benefit in curing consumption.—Medical Standard.

N. B.—Avoid highly seasoned dishes. Avoid alcohol as much as possible. Excess of starch and sugar, tinned meat, etc., are bad.

VI. Open Air Treatment : *

Dr. Samuel west remarks :—

“City dwellers often sigh for the green fields and blue skies, and long to fill their lungs with “ozone-laden” air from the mountain or the forest.”

Fresh air and sunshine are the worst foes of tubercle bacilli ; the balmy mountain air, cool refreshing sea breeze, and dry desert atmosphere are free from dust and impurities and are charged with ozone. The writer has very little faith about “artificial ozone” and does not advise his patient to spend his time and purse for “so-called cure of phthisis” advertised in the papers ; he strongly recommends his patient to be far away from the abode of human habitation—to be in mountain, ocean or desert—and inhale ozone generated from the chemical laboratory of Nature : the more you inhale the new elixir of life, the more new vigor and energy are instilled within you.

But there is a world of difficulty to carry out the treatment in a private home. Realising the trouble, sympathetic souls of different countries have either erected “Sanatoria” on selected hills or have floated “Sanatorium” as is done in the Adriatic Sea, to nullify the ravages of the disease ; but it is a matter of deep regret that in a country like India under British auspices there is no attempt to build up suitable Sanatoria after the fashion of western countries.

We in India alone are idle when the rest of the civilised world has buckled on its armour in a holy *jehad* against the infidel Bacilli.

Is our people wanting in riches or in that charitable instinct which exalts a nation ? Day by day the tendrils of this disease are spreading far and wide ; many a dear and near one is lost to us, but we blame our *kismet* and pass on till the next

* Aurvedic method of open air treatment :—

Let the patient spend the sunny hours inside the grove of lemon trees with he-goats round about him.

victim is claimed. We pause. We mourn. We again pass on. Probably much of this apathy is due to the belief that to the consumptives there is no hope. Shall we turn them away from our consulting rooms with Dante's immortal words "Abandon hope ye that enter here"? Certainly not. Nothing could be a greater hallucination. Every physician has experience of patients who have lived their full span of life and then have been cut off perhaps by another disease absolutely no more to do with tuberculosis pulmonalis than with the lily of the valley.

The invigorating ether around us, the vault of heaven above us, and mother earth beneath us, are now for many of us but delightful dream. The youthful sweater rushing his or her life through the densely crowded and heavily-laden miasma of our mammoth factories knows not the sunny side of life both metaphorically and literally.

"Back to nature" said the great Rousseau and in a modified sense, we physicians might give the same advice to our tuberculous patients.

Almora, Kurseong, Simla, Nilgiri and Poreshnath hills afford suitable sites; for the poor patients unable to afford a change the writer recommends them to be in open air all day long and at night to sleep, well-covered, with doors and windows open except the corresponding windows of his bed to avoid draught.

In conclusion the rational plan of treatment is open air, sunshine, mild exercise, forced feeding, suitable dress, and cod-liver oil with creasote and hypo-phosphite.

Calmette's Ophthalmic test, gives a positive reaction in the incipient stage of phthisis when there is no tubercular bacilli in the sputum.

LUPUS VULGARIS.

Lupus vulgaris is a disease of childhood characterised by the formation of yellowish red nodules in the skin or mucous membrane, and subsequently by scarring and great destruction of the affected tissues and much deformity.

The disease is caused by tubercle bacillus :

Treatment.

Internally :

1.

R

Arsenic Iodide

gr. $\frac{1}{24}$.

Codliver Oil with hypophosphite of Calcium and

Sodium

3 ii

mft. for a dose Sig : one twice a day with an ounce of milk.

2. Byrom Bramwell recommends thyroid extract.

Locally :

Wash the lupous patch antiseptically ; scrape the part thoroughly with a volkmann's spoon

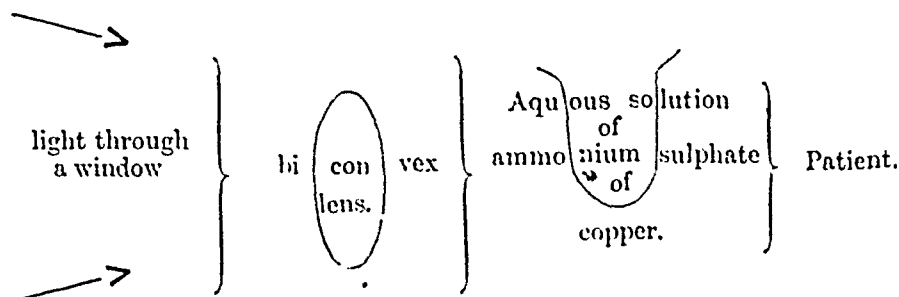
(1) Pyrogallic acid ointment treatment.

Dr. Veile (Berlin) recommends that after destruction of the pathological tissue, either by cautery or by application of 10 per cent. pyrogallic acid ointment, the wound surface is to be treated systematically with application of pyrogallol in diminishing strength from 2 to. o. 1 per cent.

In most cases this is followed by healing with a cicatrix that is not disfiguring.

(2) Blue light treatment.

Expose the affected part to blue light as sketched :—



The result is a continual bath of concentrated beam of blue light; good result is obtained by a daily sitting of an hour's duration.

(3) Other local methods :—

- (i) High frequency currents.
- (ii) Rontgen rays.
- (iii) Radium treatment.
- (iv) Hot air currents.
- (v) Freezing with ethyl or methyl chloride.

Injection treatment:—

- (i) Koch's tuberculin is administered hypodermically. It has a marvellous selective effect on the lupus tissue.

(*Disease of the skin by H. Radcliffe Crooke, vol. ii, p. 727.*)

- (ii) Thiosinaminu (*Merck's*) has been used advantageously for the secondary thickening.

CHOLERA.

Cholera is a specific disease caused by the "Comma" bacillus or *vibrio cholerae asiaticae* of Koch, prevailing *endemically* in certain parts of India and sometimes *epidemically* throughout the world.

It is characterised by violent vomiting, purging, cramp, collapse and suppression of urine followed by febrile reaction.

The bacilli are only found in the intestine, except in rare cases of long duration, when they may enter the blood-stream. They form powerful toxins, causing a general poisoning (toxæmia), in which the circulatory and thermal regulating mechanisms of the body are especially affected.

Nature gives us the cue in the treatment by inducing vomiting and purging which are plain signs that the economy is trying to rid itself of noxious material that interferes with normal metabolism. Toxin abstracts water from the tissues causing cramps, etc.

The cycle of life of Cholera bacillus.

This bacillus grows and lives in water, milk and liquid food. It is not destroyed by freezing. It is rapidly destroyed by :—

- (i) boiling. Two or three minutes boiling is sufficient, but boiling is of no use if the water is then stored in an infected vessel. It is safest to boil the water in a locked can or a receptacle with a top.
- (ii) Rapid drying in the sun or fire.
- (iii) Acids.
- (iv) Antiseptics.

The disease is propagated rarely by *direct* contagion, but generally by *indirect* contagion, *viz.* :—

- (i) through contamination of drinking water.
- (ii) ditto ditto milk.
- (iii) ditto ditto clothes.

N.B.—It is not carried by dust.

The bacillus is very sensitive to the acid of the gastric juice : In the intestine, where the reaction is alkaline, it grows favourably; it first acts as a saprophyte, and then enters the tissues, limiting itself to the superficial layers of the mucous membrane of the intestine; a moderate inflammatory reaction sets up desquamation of epithelium, and flakes of lymph are thrown off and passed in the rice-water stools.

Varieties of Cholera .—

1. Ambulatory type: patient walks about.
2. Cholerine, *i.e.*, mild type of cholera.
3. Cholera sicca, *i.e.*, dry form of cholera in which death occurs in a few hours after the attack, without vomiting and purging.
4. Embolic type in which death generally occurs from pulmonary embolism.
5. Hyperpyrexia.
6. Hæmorrhagic type.
7. Typhoidal type in which there is low muttering delirium.
8. Eruptive type in which rash appears.

For practical purposes the treatment is divided into two divisions :—

- i. Preventive.
- ii. Curative.

(i) Preventive.

The old adage that "an ounce of preventive is worth a pound of cure" should be fairly well grounded into the minds of all progressive physicians:—

A. Personal:—

1. Practice "**will force**;" Have this auto-suggestion that "I shall and will not be a victim of the disease." A man of weak nerves is susceptible to such a malady. During epidemics it is a good practice among the Hindus to concentrate their thought in prayer and thereby have the indirect benefit of "**will force**." Students of psychology know it well that anything which cheers up our mind, *e.g.*, joy, pleasure, etc. raises the vitality, while anything which depresses us, *e.g.*, grief, sorrow, etc., lowers the vitality. Hence try to be merry and don't think that you are going to be doomed.
2. Imitate nature's way. By this the writer means to sharpen your gastric secretion which being acid is an unfavourable nidus for bacilli to thrive. Hence it is desirable to take a little salt, soaked gram and bits of ginger early in the morning on an empty stomach.

The reaction of the empty stomach is alkaline (Mathew Hay Ewald); the comma spirillum flourishes in alkaline but dies in acid media. Consequently don't attend a patient with an empty stomach.

3. It is a known fact that if our body be connected with the earth by means of a conductor like copper wire, the earth attracts the positive electricity of the body, thus leaving the body negative. Oxygen gas has a strong affinity for the negative state; Oxygen of the air is free and therefore is more readily absorbed through the alveoli of the lungs

and the pores of the skin and thereby infuses new vigour to the system: Oxygen so to speak is the elixir of our life.

Hence the custom amongst the Hindus to wear copper in some shape or other on the body is highly scientific.

4. Rub the palm and the sole of feet where sudoriferous glands are most numerous with powdered sulphur for 15 minutes once a week during epidemics; Its empirical action is highly beneficial.
5. Cholera belt is recommended to the foreigner but not for the children of the soil.
6. Haffkin's Cholera inoculation is not in its infancy and requires further trial to corroporate its efficacy.

B. General:—

1. Boil or better burn all soiled clothes of the patient.
2. Use strong antiseptics, *e.g.*, undiluted phenyle, hydrarg perchloride 1 in 100, to kill the germs in situ and to ward off flies, etc.
3. Flies after being over the excreta carry the germs on their wings and legs, and transfer them to the food on which they rest; hence try to drive away the flies by pouring antiseptics over the excreta immediately after it is passed.
4. It is a pernicious practice to wash the soiled clothes in tanks where the bacilli multiply at a tremendous rate.

Authorities ought to take the matter in hand and keep guards not to allow anybody to wash clothes or to take water from the tank when there are cases of cholera about.

5. Soak the floor and walls of the room with the following—

Perchloride of Mercury	1 part.
Hydrochloric Acid (fort)	2 parts.
Methelyne blue q. s.	to give a colour.
Water	1,000 parts.

N.B.—It should be kept in an earthen or wooden vessel.

Then 24 hours later have the room lime washed with quick and lime chlorinated lime as follows :—

Into about a four gallon vessel put ten pounds of quick lime. Add about a gallon of water slowly. The lime if good should give off heat. When completely slaked fill the vessel with water and stir well. Then add one pound of chlorinated lime and stir. Wash floor and walls with this.

(ii). Curative.

1. Stage of invasion :—

During this stage don't try to check vomiting and purging because it is Nature's method to drive away the poison from the system.

The following are the best combinations :—

1. Saturated solution of camphor-in-chloroform. Drop doses in a lump of sugar every quarter or half an hour up to 4 or 5 doses.

2. R.

Liq. Hydrarg.	Perchlor	mx-xv
Spt. Camphor		m, x
Spt. Chloroform		m. x
Aq. Anisi		ad. $\frac{3}{4}$ ss

mft. for a dose : sig. one every hour up to 2 or 3 doses.

Shake the phial well before use.

3. Copper arsenite (1 in 5,000 sol.); dose half a drachm every quarter of an hour up to 5 or 6 doses.

- 4 Chlorodyne in brandy. Friedberger found that under the influence of alcohol the blood acquired an increased resistance against the cholera vibrio (*New York Medical journal, January, 1, 1910*).

Whatever combination you may select wrap up well the patient in a blanket ; remove all sources of irritation ; make the room dark ; fan his head gently. If this induces sleep, you will find him much better after waking up ; even it may cut short the disease.

II. Stage of development :—

During this stage continue the medicine as mentioned above except chlorodyne, but at the same time treat him symptomatically :—

1. Vomit.

Internally.—

1. R

Hydrarg. Subchloride	gr. $\frac{1}{4}$
Sodii Bicarb	gr. ii

Every hour up to 3 or 4 doses :

2. Cerii oxalas Effervescence. Dose a teaspoonful every hour up to 2 or 3 doses.
3. Thick barley with lemon juice.
4. Drop dose of vinum Ipecac : every hour up to 2 or 3 doses.
5. Chloretone gr. ii. Every hour up to 2 doses.
6. Hot coffee acts sometimes miraculously when other medicines have failed.

Locally.—

1. Mustard plaster 6" × 4" over epigastrium.
2. Mustard plaster 2" × 1" just outside the angle of jaw over the anterior margin of sterno-mastoid muscle to stimulate Vagus.

2. Diarrhœa.

Give per mouth—

R

Bismuth Subgallate	gr. v-x
Tennigen	gr. v
Salol	gr. ii
Pulv. Cretæ aromatic	gr. x
mft for a pulv : sig one every 2 hours upto 3 or 4 doses.	

Give per rectum—

1 per cent. sol. of Tannic acid in whey is highly beneficial ;
It is used for its antiseptic and not for its astringent property.

N. B. 1. Don't give opium in any shape during this and subsequent stages, because it is not absorbed during the collapse stage ; and when the patient passes to the stage of reaction as absorption takes in, he may die from opium poisoning rather than from the disease itself.

2. Don't give powerful astringent enema for checking diarrhœa at once and thereby make yourself ridiculous like an attempt to cork an open aerated soda water bottle.

For vomiting and purging :—application of Spinal Ice bag over the vertebral column soothes sympathetic system and thereby abates vomiting and purging.

(a) It is a custom amongst some of the hill tribes of India to bring patients suffering from cholera by the side of a falling cascade. They are of opinion that there presides a deity who bewitches patients by inducing sleep and thereby cures the sufferers. The real explanation seems to me that cool atmosphere of the cascade soothes well the sympathetic system ; besides it is a known fact that stimulus upon stimulus, till stimuli are in the zenith, is followed by paralysis. Hence con-

stant monotonous stimuli on auditory nerve filaments by the ever-ringing noise of falling water, end in paralysing them, and thereby induce sleep; after a sound sleep, the patient wakes up full of vigour.

- (b). Poor villagers of Bengal paste the whole body of the patient with soft mud and bring him to a cool shade and offer prayers to "Oladebi"—Goddess of Cholera, and to their astonishment they find most of the victims get cured; the real explanation is given above.

III. Stage of collapse :—

Internally—

The following is our sheet anchor :—

R

1. Saline injection—

- a* Soloid Sodii Chloride gr. xxx (B. W. & Co.)
or
b Soloid Sodii Chloride Co (B. W. & Co.)

Two of any (either of *a.* or *b.*) are to be dissolved in a pint of boiled distilled water for subcutaneous or rectal injection.

N. B.—For practical test the heat which our elbow can bear is quite sufficient for injection.

Methods of replacing the loss of fluids in Cholera.

There are a variety of ways of introducing fluid into the system:—

1. *Per mouth*:—

Although the saline solution is frequently vomited some toxin is probably evacuated with it.

2. *Rectal injection* :—

A pint of saline by the rectum every two hours will suffice to tide the patient over the danger of a collapse.

3. *Sub-cutaneous injection* :—4. *Intra-abdominal injection* :—

As advocated by Leonard Rogers.

The hypertonic solution, the formula of which is given below, has been best administered sub-cutaneously or intra-peritoneally.

R

Sodii chloride	5 ii
Calcium chloride	gr. iii
Aq. Distil	O-j.

Method of intra-peritoneal injection:—

(Read at the Bombay Medical Congress.)

It consists of a small silver plated steel tube with one end sharpened like a cork border and a flange two inches above to prevent it slipping in too far. A blunt stillette suffices for cleaning the tube when necessary. A small incision is made with a tenotomy, or other narrow-bladed knife, through the skin and fascia of the anterior abdominal wall just below the navel, where the peritoneum is adherent. The tube is inserted into the wound, and with a boring movement can readily be made to enter the peritoneal cavity without any chance of injuring the intestines. From 3 to 4 pints can readily be run through in about ten minutes, the little operation being thus much quicker and easier than intravenous injections. If any pulse remain, the fluid is rapidly absorbed, so that it can be used in all but absolutely moribund patients, in whom immediate intravenous injection is essential. An. abdominal binder applied after the injection raises the blood pressure and facilitates absorption. The injections can easily be repeated through the same perforation, a superficial stitch and some colodion on cotton wool being afterwards applied.

When a large number of cases have to be treated with a small staff, this method promises to be of great value.

5. Intravenous injections :—

It is difficult to carry out in private practice. Take blood pressure daily with the mercury manometer (Riva—Rocci's instrument) with the result of demonstrating that every patient whose blood pressure remained for several days below 100 m.m died with uræmic symptoms (*Therapeutic Gazette. November. 15. 1909*).

Leonard Rogers recommends the following measures to raise the blood pressure—

- (i) Half to one pint of normal saline solution is given per rectum every 2 to 4 hours, 5 min. of a 1-in-1000 sol. of adrenalin chloride being added to each first.
- (ii) Dry cupping over the kidneys is carried out morning and evening to relieve congestion.
- (iii) Digitalin gr. 1/100 is given subcutaneously twice a day ; if this fails *strophanthin* up to 1/100 of a grain, is administered intravenously.

2. Cardiac tonic stimulant and diuretic—

- (a) Tabloid Digitaline gr. 1/100 every 2 hours.
- (b) Tabloid Spartini sulph. gr. i every 2 hours.

N. B.—Strychnine sulph. though largely used during this stage, is contra-indicated because—

- (i) it increases peristaltic action of the intestine.
- (ii) it promotes congestion to already congested lungs.
- (iii) first injection temporarily raises blood pressure, second injection raises blood pressure but its duration is less, while in third or fourth injection there is no

appreciable rise of temperature. (*Blood pressure in Surgery by Crile*).

(iv) it is not a diuretic.

3. Sulphuric ether hypodermically.

Ether should not be employed, as the skin of choleric patients, being devoid of elasticity and turgescence seems to present a tendency to necrosis, even more than the normal skin.

(*Twentieth Century Practice of Medicine vol. XIV. p. 436.*)

4. Amyl nitrite inhalation or Nitroglycerine tabloid followed by brandy.

5. Subcutaneous injection of camphorated oil is of benefit.

(*Twentieth Century Practice of Medicine vol. XIV p. 436.*)

Locally:—

1. Hot bottles on the body :

Roll the bottles cautiously ; don't blister him as sensation is much impaired during this stage; the writer has bitter experience of observing some.

2. Hot blankets over the body.

3. Rub extremities well with the following—

℞

Pulv. mustard

Pulv. ginger

Pulv. Violet

āā 3 i

It not only stimulates the part, but clogs the pores and thereby preserves internal heat of the body.

Treat the patient Symptomatically.

1. Thirst—

(i) Iced champagne with soda water. European patients like this very much.

- (ii) Iced cocoanut water.
- (iii) Iced palm water.
- (iv) Fried rice water iced.
- (v) Iced orange to suck

2. Cramps—

a. Inhalation.

Chloroform. It must be administered by a medical man.

It is dangerous to allow lay men to have chloroform at their hand.

(b) Locally—

1. Rub one nutmeg in turpentine; mix it with little warm water; rub the affected limbs well.

R

Lint. Belladonna

Lint. Chloroformi

Lint. Menthol

Lint. Saponis

āā 3 i

mft, to be rubbed well.

3. Immerge the body in tepid water; it relieves cramps.

(c.) Internally:—

Atropine Sulph. gr. 1/100 tabloid; but it is to be used with caution.

3. Delirium :—

Tabloid trinitrini.

One every 2 hours up to 3 or 4 doses.

4. Suppression of Urine :—

(a) Locally :—

1. Cupping on the loins.
2. Constant application of bran poultices over the loins.
3. Passing of soft catheter per urethra mechanically irritate the urinary system and thereby aids the formation and flow of urine from kidney to bladder.

(b) *Internally* :—

1. Tinc. Cantharidis in drop dose acts nicely :—

R

Tinc. Cantharidis	m. i
Ext. Punornaba liq. (Bengal)	3 i
Aq. Distil	ad. 3 i

mft. for a dose : sig. one every 2 hours upto 2 or 3 doses.

2 Agurine gr. v in wafer paper every 2 hours upto 2 doses.

3 R

Pot Acetas	gr. x
Spt. Etheris Nitrosi	m. xx
Spt. Juniper	m. xx
Inf. Buchu	ad. 3 i

mft. for a dose : sig. one every 2 hours upto 3 or 4 doses

v. Stage of Reaction :—

Diffusible stimulant is best—

R

Spt. Ammoniae Aromaticus	m. x-xx
Spt. Chloroformi	m. x
Inf. Digitalis	3 i
Tinc. musk	m. x-xx
Dec. Scoparii	ad. 3 i

mft. for a dose : sig. one every 3 hours upto 4 or 5 doses.

reat complications according to symptoms.

Dietetic treatment of Cholera.

During stages of invasion, development and collapse, stop giving all diets except—

1. Iced cocoanut water.

2. R

Sodii Chloride	gr. iv
Acid Hydrochloric (Dil)	m. x
Iced Aq. Anisi	ad. o. j

dose ad. libitum.

3. Fresh fruit juice, i.e., pomegranate, grape, etc.
4. Freshly made raw meat juice may be allowed with discretion.

5 R

Powder "Indra jab"	4 tola.
Water	1 seer.

Boil ; when water is reduced to 3 poas, take it off from the fire add ice. Dose ad. libitum, it checks diarrhoea and cramps.

N. B. 1.—Don't give milk in any shape during these stages.

2. Don't give the white muddy part of ice which is the very cradle of germs and impurities; give freely bits of crystalline part of ice to suck.
3. Don't hesitate in giving Aqua freely in some shape or other. The more you give him to drink to his heart's content slowly but cautiously the more the man eliminates toxin from his system.

During the stage of reaction—

1. Lemon whey: Heat a cup of pure milk over hot water ; add fresh lemon juice ; cook without stirring until the whey separates ; filter it ; add a pinch of common salt to the filtrate. Dose ad libitum.
2. White wine whey : To a pint of boiling milk add 3. oz. of purest Sherry ; prepare as above : Dose ad libitum.

During convalescence—

The following is the ideal menu of diet as recommended by the writer :—

- 7 A.M.—6 ozs. of fermented milk.
- 10 A.M.—Fine old rice with soups of "gadhal" leaves, and "singhe" fish ; fresh curd salted.
- 1 P.M.—6 ozs. of fermented milk.
- 4 P.M.—Fruit juices e.g. pomegranate, oranges, grapes &c.
- 7 P.M.—Rice treatment without curd.

N. B.—At night if hungry feed the patient with Horlie's malted milk dissolved in warm water

TROPICAL DYSENTERY.

Tropical Dysentery.—Is caused not by one bacillus but by many bacilli belonging to the Shiga group of these organisms. According to Dr. Galli Velerio (*New York Medical Record*, October 9th, 1909) the disease in all its varieties is spread chiefly by—

- (1) personal contagion either from sick persons or from healthy “carriers” of the bacilli, and either directly or through fomites,
- (2) water, which plays a most important rôle in the spread of the disease,
- (3) flies as proved by experiments,
- (4) milk, which may be infected by flies or by the addition of infected water, or by the washing of vessels with such water,
- (5) vegetables,
- (6) the soil and dust.

The main prophylactic measures recommended are placed under the following headings:—

1. As rapid diagnosis of the first cases as possible:
2. Compulsory notification of all cases:
3. Strict isolation of the sick;
4. Disinfection of the excreta, linen, &c., and of the room occupied by the sick.

Treatment of Tropical Dysentery.

Dysentery is divided for practical treatment into 2 forms—

- A. Acute.
- B. Chronic.

A. Acute.

Internally —

Old method of ipecacuanha treatment:—

Large doses of ipecacuanha have been prescribed; it arrests the inflammatory action in the bowel, checks the liquid and bloody evacuations and often effects a complete cure.

The eminent French physician Trousseau prescribed big doses of ipecac 20-30 grs. with a view to induce vomiting; spasms of diaphragm make liver to contract forcibly and thereby eject large quantity of bile into the intestine, which being acid in reaction is lauded to be beneficial by him; on the other hand some prominent practitioners regard vomiting as the worst complication in dysentery and try to avoid it by giving big doses of laudanum before prescribing ipecacuanha; a fanciful preparation of ipecac known as ipecacuanha *sine emetina* is spoken of highly by some authorities; the writer has no experience of it when other better remedies are at hand.

New method of saline treatment :—

Internally.

1. Magnesium sulphate in the shape of following prescription

R

Mag. Sulph.	3 i.
Acid sulphuric aromatic	m. v.
Tinc. Zingiberis	m. v
Aq. Cinnamomi	ad. 3i

mft. for a dose : sig. one every 2 hours.

2. Sodium sulphate as in the prescription given below :—

R

Sodii sulph.	3 i.
Liq. Hydrarg perchloride	m. x.
Tinc. Belladonna	m. iii.
Glycerine	m. x.
Aq. Cinnamomi	ad. 3 i.

mft. for a dose : sig. one every 2 hours.

Whatever combinations you select, go on prescribing the mixture as long as there is mucus, and blood in the stool; when colon is flushed with watery fluid it expels the mucus so long coming out bit by bit, and which is the prolific source of tormina

and tenesmus. When you notice thin watery stool, stop giving the above mixtures and prescribe the following:—

R	Bismuth subgallate	gr. x
	Tannigen	gr. vii
	Dover's powder	gr. iiss
	Benzo-naphthol	gr. ii

mft. for a pulv : sig. one every 2 hours.

When temperature becomes normal, stool semi-solid or solid, no tenesmus and griping, etc, treat the patient for which he is ailing so long :

(a) in malarial cases Quinine acid hydrochloride gr.v (Parke Davis & Co.) morning and evening ; and the following :—

R	Ammon chloride	gr. v
	Pulv. Ipecac	gr v
	Liq. opii. sedativus	m. x
	Mucilage Acacia.	ʒ ii
	Aq. Cinnamomi	ad. ʒ i

mft. for a dose : sig. one every 4 hours.

(b) in Scorbutic cases lemon, oranges, fresh “belæ” fruit.

When motion contains dark liquid blood give the following :—

R	Oil Turpentine	m. xv
	Almond oil emulsion	ʒ i

It acts like a charm.

(c) In Liver cases ammon chloride is best.

(d) in pregnant cases drachm dose of peptone wine with half a drachm dose of chlorodyne thrice a day.

Per rectum—

Authorities differ regarding enema in acute dysentery :

The second volume of Allbutt's system of medicine contains an excellent article by Dr. Andrew Davidson in which he states that a large tepid boracic water enema is often useful at the beginning of acute dysentery.

Dr. Manson on Tropical disease 1898, distinctly states that "this splendid remedy must never be practised when acute symptoms are present."

Dr. Osler in his Practice of Medicine said that he regarded enemata in cases of acute dysentery with some disfavour on account of the acute pain caused when the diseased bowel was filled with fluid.

Major Davidson. R.A.M.C., was of opinion that antiseptic injections would do good by acting locally :

The writer is against the use of this heroic treatment in acute stage of the disease

Externally :—

1. Foment the left iliac region with the following :—

R,

Folia Cannabis Indica,

Sodii chloride

ā ā equal part.

mft. rub them well, put them in a small flannel bag, warm it over fire when it is ready for use.

2. Apply the following over the above region.

R,

Ichthyol 3iv

Ext. Belladonna 3iv

Glycerine ad. ʒii

Cover the part with oil silk.

3. Linseed-meal poultice over the whole of the abdomen ; it should be changed before it begins to get cool.

4. Spongio-piline placed in hot water and sprinkled with turpentine.

N.B.—Whatever combination you select wrap the whole of the abdomen with absorbent cotton.

The serum treatment in dysentery.

Shiga's rules for the administration of the polyvalent serum are :—

- i In mild cases inject one dose of 10 c. c.
- ii In cases of medium severity inject two doses of 10 c. c. at intervals of six hours.
- iii In severe cases inject 10 c. c. twice a day at intervals of six hours for two or three consecutive days.

Advantages :—

1. It ameliorates the symptoms.
2. It hastens the cure.

Disadvantages :—

1. Urticarial-like eruptions on the body.
2. Pain in the Joints.

Calcium Chloride gr. xv may be administered if these symptoms are severe.

(*A system of Medicine by Osler and McCrae, Vol. ii, p. 799*).

B. Chronic form.

Internally :—

Open the bowel by castor oil emulsion as the following :—

℞
 Olei Ricini 3 ii
 Liq. Opii sedativus m. v
 Mucilage acacia q. s.
 Aq. camph ad, 3 i

mft. for a dose : sig. one every 4 hours.

When bowel becomes loose and free, prescribe any of the following :—

(1) ℞
 Ferri alum gr. ½
 Salol gr. ii
 Pulv. Doveris gr. iiss
 Lacto peptin gr. x

mft for a pulv: sig. one every 4 hours till the stools become semi-solid or solid.

(2) R

Acid Sulphuric Aromatic	m. xv
Tinc. Catechu	m. xv
Tinc. Kino	m. xv
Spt. Chloroform	m. x
Aq. Cinnamomi	ad. $\frac{3}{4}$ i

mft. for a dose : sig. thrice a day.

When stools become semi-solid or solid prescribe the following:—

R

Glycothymolin	$\frac{3}{4}$ iiss
Ext. Cinchona liq.	$\frac{3}{4}$ iss
Ext. Belæ liq.	$\frac{3}{4}$ i
Ext. Kurchæ liq.	$\frac{3}{4}$ i
Syr. Hemidesmus	ad. $\frac{3}{4}$ iv

Dose a dessertspoonful in an ounce of Cinnamon water thrice daily.

Liq. Bismuth et. Pepsin Co. (Hewlett's in drachm doses thrice daily after meal acts admirably well.

Per rectum.

Buttocks are raised about a foot by inserting a soft pillow under them, above the level of the shoulders and the colon is thoroughly irrigated by means of a double-flow colon tube with sterile water or weak boric solution until the washings are quite clear ; then inject in ordinary cases the following:—

R

Dover's powder,	
Gallic acid	â ñ gr. x

In half a pint of rice water.

* If there be slough irrigate the colon with either of the following:—

Quinine Hydrochloride 1 in 5,000 (Losch).
one or two pints.

*N. B.—After thorough irrigation of the colon with any of the above, allow it to be out by a double flow colon tube.

2. Argenti nitras gr, xx to a pint of distil water : one or two pints: some of the modified preparations of silver like Protargol, Nargol are highly beneficial :

R		R	
Protargol	gr. xx	Nargol	gr. xx
Aq. Distil	o. i	Aq. Distil	o. i

Two pints are to be used to wash the colon with a long rubber tube under gentle hydrostatic pressure

3. R

Copper sulpha	gr. xv
Tinc. opii	m. xv
Starch	℥ i
Aq. Distil	o. ii

To be used like above.

4. Harris recommends the following formula.

R

Hydrogen peroxide	1 part.
Aq. Distil	8 parts.

mft. about a quart is injected twice daily, which, after a week, may be gradually decreased.

(*Twentieth Century Practice of medicine vol. xvi Page 299.*)

Every physician should carefully and repeatedly examines the stools of his patients for parasites before discontinuing the local treatment. The parasites appear to persist, chiefly owing to their burrowing in the submucosa where we are not able to reach them by local treatment. In those cases in which the lesions have healed and the parasites still persist, the time to discontinue treatment is important. (*A system of Medicine by Osler and McCrae Vol. i, Page 524.*)

In subacute or chronic cases the vaccine treatment first introduced for dysentery by Castellani and Greig, may be tried, using Vaccines prepared from the dysenteric bacilli isolated from the stools of the patient.

Hygienic treatment.

1. Put him to bed at once ; rest is an important curative agent.
2. Keep him in a dry airy room.
3. Try to remove all sources of irritation both physical and mental.
4. Clothes and beddings should be changed often.
5. Use plenty of essences to perfume the atmosphere of the room.
6. Pour antiseptics over stools before removal.
7. Disinfect all soiled clothes thoroughly.

Dietetic treatment.

One of the most important points in the treatment of dysentery is the diet. All food should be given lukewarm, neither hot nor cold. In mild cases milk may be suitable, but frequently it is not so on account of the large wastage produced, and also because of the irritating properties of its curd. In all except the mildest cases I think whey or albumen water is far preferable to milk, and while the symptoms are acute, a total of two or three pints, at the most, of liquid nourishment in the twenty-four hours is quite sufficient. It may be remembered that many cases of even simple diarrhoea do not improve till whey or albumen water is given instead of milk (*Major N. Faichnie, M.B. British Medical Journal*)

1. Plasmon arrowroot and goat's milk.
2. Benger's food and goat's milk.
3. Barley and peptonised goat's milk.
4. Fermented milk.
5. (a) " Banana " powder and milk.

(b) Boil raw "banana" fruit in water; when the pulp becomes soft, remove the rind; add peptonised milk to the soft pulp to make it a soft pulraceous mass.

6. Juice of burnt pomegranate.
7. Decoction of "Singee" fish.
8. Decoction of "Indrajab" and "Ishafgool", of each gr. v.
9. Burnt raw "belæ" fruit either to be taken alone or to be mixed with milk.
10. Pulv: "Ishafgool" is very efficacious.
11. "Belæ" water is strongly recommended.
12. Juice extracted from the rind of mangosteen is very efficacious.

At the recent meeting of the British Medical Association Cantlie dealt with the treatment of what he termed chronic recurrent dysentery. He is of the opinion that drugs have little effect upon the condition and that diet should aim at the administration of food causing but a minimum of excretion. All farinaceous foods should be excluded from the diet and milk completely withheld. Pounded meat, eggs jellies etc., should constitute the means of sustenance when an attempt is made to control local congestion in the sigmoid. Enemata are useful, and warm sea water is the best fluid for this purpose.

During convalescence.

1. To a freshly made fine "cheera mund," add little honey and rose water: Dose ad libitum.
 2. To a freshly made fine "chæera mund" add fresh curd "nurtoman" plantain and little salt.
 3. "Luchi" fresh from the pan to be eaten salted.
-

* TYPHOID FEVER.

Enteric fever is an acute infectious fever caused by Eberth's bacillus and characterised *clinically* by a gradual onset, followed by a period of continuous fever with diarrhoea, an enlarged spleen, tympanitis, a rosiolar rash and a duration of four week's suffering, and *anatomically* by more or less extensive ulcerations affecting peyer's patches in the ileum with swelling of the mesenteric glands and enlargement of the spleen.

It occurs endemically and sometimes epidemically.

Cycle of typhoid bacillus :—

The typhoid bacillus is very hardy; it will live in the ground for months, and in water for weeks, and will stand drying for several days.

The bacillus enters the mouth in some way, usually in food or drink, runs the gauntlet of the stomach with its solution of hydrochloric acid, enters the small intestine, attacks the lymph follicles and glands of peyer.

Here we have :—

1. Hyperemia : it occupies first week.
2. Medullary infiltration : it occurs at the beginning of the second week, and is of brief duration.
3. Involution of the medullary swelling occurs in the absorption of the diseased product, or more frequently in the form of necrosis with subsequent exfoliation and the formation of ulcers. Both varieties are observed in the same intestine in the same locality. In fact,

* "Typhoid fever is a Protean disease, whether considered in its clinical, its pathological, or its bacteriological aspects"—Flexner.

nearly all of the processes described can be observed at the same time in the same locality of the bowel.

Thus we find *necrotic destruction, sloughing and ulceration*.

4. Cicatrization : it occupies a long time.

Typhoid bacillus infects mesenteric glands, circulates freely in the blood and in the rose spots, lodges in spleen and excretes in the urine.

It remains in a dormant state for years in human blood as "typhoid carriers."

Typhoid Bacillus

1. Non-lactose fermenter, hence does not cause evolution of gas in media containing sugar.
2. No indol in peptone water.
3. Does not curdle milk.
4. It is iridescent.
5. It is larger.

Bacterium coli commune.

1. Lactose fermenter, hence causes evolution of gas in media containing sugar.
2. Indol is produced in 48 h. at 37° in peptone water.
3. Curdles sterilised milk.
4. It is not iridescent.
5. It is smaller.

N.B. - It is an established bacteriological fact that colon group cannot in any way approach the typhoid group in essential characters, at any rate, *in vitro*, whatever they do in nature.

Hence the rational plan would be to use **antiseptics**.

The indications for intestinal antiseptics are :—

- (i) To destroy a very large portion of the specific bacilli and their own toxin, which are colonised in the small intestine, thereby assisting in the prevention of further invasion of the blood-stream and extension of infection.
- (ii). To neutralize the toxins of perverted digestion due to the derangement of mechanism and perversion of secretion concomitant with the attack.

- (iii) To limit the absorption of toxins and the depressing effect on the human economy, thus making it more able to resist the invasion of the germs and their poison.
- (iv). To render the feeding ground of the bacilli less desirable for their propagation and by so doing, diminish their numbers.

In this manner a severe type of the disease is modified and complications—high fever, great depression, loss of weight—usually are avoided. When typhoid germs have reached the blood-stream, the case is usually well advanced and the natural resistance is largely overcome. It is more difficult to master this condition, especially if the germs are present in large numbers.

Varieties of enteric.

(Dreschfield's classification.).

1. Abortive.
2. Mild.
3. Ambulatory.
4. Apyrexial.
5. Grave.
 - (a). Bilious.
 - (b). Ataxic.
 - (c). Adynamic.
 - (d). Hæmorrhagic.
6. Spleno-typhoid.
7. Enteric in children.
 - (a). Respiratory.
 - (b). Meningial.
 - (c). Spinal.
8. Enteric in old age.
9. Malario-typhoid.
10. Epidemic.

The treatment is grouped under two broad divisions:—

- i. Preventive.
- ii. Curative.

I Preventive.

The prevention of typhoid depends upon sanitary measures, *viz.*, boil water or milk before drinking, ward off flies by pouring plenty of antiseptics over the excreta, boil or better burn all soiled clothes, protect people by vaccination and according to Major Russell isolate the patient as this disease is contagious.

The following may be used with advantage:—

R	Quinine hydrochl	gr. ii
	Acid hydrochloric dil	m. iv
	Tinc. aurantii	m. x
	Aq. aurantii floris	ad. ʒi

mft. for a dose : sig. one twice a day, morning and evening.

II Curative.

(i) Stage of incubation—

Nothing can cut short the disease; it will have its own course.

(ii) Stage of development—

Don't try to nip the fever in the bud by giving strong antipyretics as phenacetin or the like; to act against nature, as four weeks are the duration of enteric, leads to nasty failure. Phenacetin or acetanilid reduces leucocytosis. Why reduce the army when your country is invaded?

The microbe of typhoid fever by virtue of its special "proclivity" attacks Peyer's patches in the small intestine, which become inflamed, swollen and ulcerated: the result being.—

A. Fever.

B. Tympanites, gurgling, &c., (due to fermentation).

C. Hæmorrhage.

A. Fever.

Internally—

1. The following combination acts nicely :—

R

Liq. ammon citratis	ʒii
Sodii chloras,	gr. v
Sodii sulphocarbolas	gr. iii
Tinc. aurantii	m. x
Aq. aurantii floris	ad. ʒi

mft. for a dose : sig. one every four hours up to 3 doses within 24 hours.

As pointed out before it is a mistake to force or club the temperature down with coal tar products, for it will surely take another upward jump as soon as the action of the drug ceases. The only way to control the temperature lasting is :—

- (i) to eliminate the cause.
- (ii) to counteract the toxic effects.
- (iii) to recourse to hydrotherapy.

N. B.—The sulphocarbulates fulfil (i) and (ii) indications nicely.

2. (a) Abbott's Sulphocarbonate Co: pill of calcium Sodium and zinc: is very efficacious ; it should be given finely powdered.

(b) R

or.

Sodii sulphocarbolas	gr. iii
Calci ,,	gr. iss
Zinc ,,	gr. $\frac{1}{2}$
Tinc. aurantii	m. x
Aq. aurantii floris	ad. ʒi

mft. for a dose, sig. one thrice a day.

3. Vini gallici ʒi-ii within 24 hours.

4. Burney Yeo's chlorine mixture with quinine :—

The solution is made in the following manner :—

Into a twelve ounce stoppered bottle put thirty grains of potassium chlorate, and pour in sixty minims of strong hydrochloric acid ; keep it closed until it has become filled with greenish-

yellow chlorine gas; shake the mixture well, and then pour water into the bottle little by little, closing and shaking well at each addition, until the bottle is full. To this solution add twenty-four grains of quinine hydrochloride and an ounce of syrup aurantii. The dose is an ounce every four hours.*

The writer has had the bitter experience of observing bronchitis in most of his cases where this mixture has been tried: Nascent chlorine gas irritates the respiratory tract during the act of deglutition and has been the prolific source of bronchitis.

5. Kolipinski's calcium creosote solution. (*Monthly cyclopædia and Med. Bulletin, June 1909.*)

"Calcium creosote acts as an efficient non-poisonous antiseptic to the mouth cavity, stomach and intestine. It deodorizes and disinfects the stools. It slows and strengthens the respiration, refreshes and revives the patient, prevents toxemia and delirium, reduces the fever in three days, makes the hyperpyrexia innocuous and stops the disease in one-half the time of its natural course. It reduces the mortality to the lowest number. As the deaths are lessened, so are the many complications, and above all do intestinal hæmorrhage and intestinal perforation diminish, they may even be said to cease to occur."

How calcium creosote is prepared!

"Take an excess of calcium hydrate, freshly prepared, four or five pounds and having introduced it into a suitable percolator, add with stirring a pound of creosote. In a little while when the mass begins to cool pour upon it enough water to convert the whole into a magma or thick fluid. Collect the solution by slow percolation. The specific gravity should be 1.010-1.012. If the first liquid collected is less than this, return it into the percolator. When most of the calcium creosote is dissolved as is evident by the sudden sinking of the specific gravity, add another pound of creosote to the residue and resume the process. A pound of

*N.B. —Wrap up the phial with blue paper or dispense the medicine in a blue stoppered phial to prevent light to act on its contents.

creosote yields twenty pints of calcium creosote solution. It is a light refracting reddish-yellow liquid becoming brown on keeping and depositing, on exposure to air, a precipitate of calcium carbonate. It has the odour of creosote and a smart peppery taste but no irritating or caustic effect on tegumentary membranes. It has a strong, alkaline reaction. Its antiseptic properties are like those of creosote. It is a good preservative for meat, for animal specimens and for urines.

The proper doses of calcium creosote are: for an infant of one year, from three to five drops in water every 2 or 3 hours. For a child of six to eight years one teaspoonful as often as the former; for an adult, two to four teaspoonfuls in a tumbler-glass or less of water. These quantities can often be given night and day."

Externally:—

1. Cold bath as advocated by Professor Hare. Some of the best English Clinicians like Sir W. Jenner and others are not in favour of cold bath treatment; besides it is difficult to carry out this cold bath treatment in private practice.
2. Cold air baths may be used by placing ice in a tray suspended from a cradle under the bed cloths.
(*Fevers in the Tropics by Leonard Rogers, p. 143.*)
3. Cold sponging with aromatic vinegar.
4. Wet pack
5. Tepid sponging with aromatic vinegar. Hydrotherapy reduces temperature and at the same time stimulates heart, while drugs reduce temperature and depress the heart.
6. Guaiacol, a derivative of beechwood creosote, causes a prompt fall of temperature when painted on the skin of a febrile patient (*Twentieth Century Practice of Medicine Vol. XVI page 732.*) but the fall of temperature is temporary and is accompanied by alarming symptoms of depression. The use of guaiacol is therefore open to the same objections as that of the coal-tar derivatives.

Per rectum :—

Arnold (*British Medical Journal*, July 23rd, 1910) recommends the following :—

℞		
	Turpentine oil	ʒi
	Olive oil	o. i

mft. to be given as enema from the first day of treatment.

It should be administered on alternate days reducing turpentine to drachm four.

Turpentine and olive oil effectually prevent any accumulation.

B. Tympanites, gurgling, etc. (due to fermentation.)

Internally :—

1. ℞

Benzo-naphthol	gr. iii
Sac. Lactis	gr. v

mft. for a pulv : sig. one twice a day.

Or

2. ℞

Hydrarg. subchloride	gr. ʒ
Sodii Bicarb	gr. v

mft. for a pulv : sig. one twice a day.

Any of the above is not absorbed throughout the alimentary tract, besides it is antiseptic : it prevents butyric acid fermentation—a fermentation brought about by micro-organism, checks the formation of products of decomposition usually found in the digestive tract (indol, skatol) and does not interfere with the action of the unorganised ferments of the saliva, gastric and pancreatic juices (Wasseljiff).

3. Acetozone (or Benzoyl-Acetyl-Peroxide) of *Parke, Davis & Co.*

It may be administered either in capsule or solution.

One or two grs. of Acetozone diluted with sugar of milk, liquorice powder, &c., may be administered in capsules every 6 hours.

R

Acetozone	gr. xx
Syrup. Aurantii	ʒi
Aq. distil.	0. i

mft. shake the bottle briskly for a few minutes before administration.
Dose ad. libitum.

N. B.—The writer invariably uses in a routine fashion, acetozone water in almost every case with marked success.

Acetozone is a powerful germicide ; water causes defervescence by its tonic action on the nervous system.

We know *now* that it is due to its production of leucocytosis and the consequent anti-bodies ; in other words increases the army of resistance.

4. Olive oil ʒi within 24 hours is said to have a soothing action over the ulcers and thereby promotes healthy granulation.

Externally :—

1. Turpentine stupe over the whole of abdomen.

A flannel roller is placed beneath the patient, and then a double layer of thin flannel, wrung out of very hot water, with a drachm of turpentine mixed with water, is applied to the abdomen and covered with the ends of the roller.

(Sir William Jenner's Method)

2. Spongio-piline placed in hot water and sprinkled with turpentine.
3. Wrap up the whole of abdomen with absorbent cotton to preserve uniform heat.

C. Hæmorrhage :—

General direction :—

Absolute rest both physical and mental ; low diet, *e.g.*, small quantity of whey and white of egg beaten up together, and ice to suck.

Nature herself plugs the bleeding vessels with a clot, and not through any action of the remedy.

Internally :—

1. Solution of Adrenalin Chloride (1 in 1000) *Parke Davis & Co.*

Five drops in a little cool saline water every 3 hours upto 4 or 5 doses within a day.

Wiggers has pointed out that large doses of adrenalin cause a preliminary increase in hæmorrhage followed rapidly by a decrease or cessation of bleeding. This increase is due to the contraction of blood vessels in other portions of the body.

2. R

Calcium chloride	gr. x—xx
Liq. Morphine Hydroch	m. v—x
Aq. chloroformi	ad. ʒi

mft. for a dose : sig. one every 4 hours upto 3 doses.

It is too slowly absorbed, if absorbed at all, to produce any effects (*Professor Hare*).

3. R

Acidi Tannici	gr. x
Liq. Morphine hydro.	m. x
Spt. Terebinth	m. xv
Mucilage acacia	ʒ ii
Tinc. Chloroformi Co.	m. x
Aq. menth pip	ad. ʒi

n . or a dose : Sig. one every 4 hours upto 3 doses.

4. R

Tinc. Hamamelis	m. v
Nepanthe	m v
Aq. Cinnamomi	ad. ʒi

mft. for a dose : sig. one every 3 hours upto 4 doses.

Dr. Niles condemns the use of opium in intestinal hæmorrhage, chiefly on the ground that it locks up the bowels and so causes the retention of putrefying blood.

5. Local applications of gelatin have been repeatedly used for the purpose of checking hæmorrhage, and the employment of weak gelatin preparations by the mouth—10 per cent. watery sol. of gelatin (200 c. c.

three times daily) may be advantageous in typhoid fever. (*Nothnagel's Encyclopedica of Practical Medicine, Disease of Blood, page 173.*)

Hypodermically :—

1. Morphin hydrochlor. gr. $\frac{1}{4}$, repeat if necessary. Object being to stop the peristalsis of the intestine.
2. Osler recommends large doses of calcium chloride (2 grams every three hours) and also the subcutaneous injection of a 2 per cent. solution of gelatine in order to increase the coagulability of the blood, to favour thrombosis. The writer has used the former.

Locally :—

1. Ice poultice or ice-bag over abdomen.

N.B.—It is depressing if kept on long after the hæmorrhage has ceased and it freezes the abdominal wall into a leathery consistence, and probably interferes with the vitality of the subjacent intestine.

Serum treatment.—

A so-called antitoxic serum has been used in Paris by Chantemesse. This is as yet in a more or less experimental stage.

(*A system of Medicine by Osler and McCrae, vol. ii, p. 218.*)

Treat the patient symptomatically.

A. Diarrhœa.

Don't check diarrhœa by powerful astringents; if stool threatens to be copious prescribe the following :—

R

Bismuth naphtholate	gr. iiss
Bismuth subgallate	gr. v
Tannigen	gr. v
Pulv. cretæ aromatic	gr. x

Mft. for a pulv. sig. one every 4 hours up to 3 powders.

2. Enema of starch with opium has been recommended.

B. Constipation.

1. Castor oil emulsion early in morning acts nicely.

2. R

Magnesium Salicylas	gr. xx
Spirit Chloroformi	m. x
Aq Chloroformi	ad. ℥i

mft. for a dose : sig. one twice a day : morning and evening.

3. Enema of a drachm of condy's fluid to two pints of tepid distilled water is an important adjuvant to overcome constipation.

C. Insomnia.

In a long continued fever like enteric it is not advisable to treat the patient for each minor complaints like want of sleep, headache, &c.; if sleeplessness threatens to be troublesome use any of the following:—

1. Chloralamid gr. x—xv, at bed time.
2. Bromural gr. v—x. at bed time.

3. R

Sulphonol	
• Trional	āā gr. x

mft. for a pulv. to be dissolved in a cup of warm broth two hours before expected sleep.

4. Eichhorst recommends lactophenin on account of its action upon the nervous system, particularly its sedative influence upon excited, sleepless patients.

Dose—0.5 to 1 gram.

(*Nothnagel's Encyclopedia of Practical Medicine, Typhoid number, p. 463.*)

D. Cystitis.

Urotropin gr. v in half a glass of distilled water once a day.

E. Bed-sore.

Prevention is better than cure ; an experienced physician will be on the alert to prevent bed-sores by rubbing the bony protruberance of buttocks with any of the following :—

a. Saline Solution.

b. Rectified Spirit.

Afterwards the part to be dusted freely with the following powder:—

R

Acid Boric

Zinc. Oxide

Violet powder āā ȝ j

“ Buttock rest” is essential, as the vitality of the part is much interfered with constant friction on the bed : circular air cushion or cotton cushion with a hole in the centre, is to be inserted underneath the buttocks in order to give physiological rest to the parts.

If bed-sores appear, treat the ulcers antiseptically.

F. Tender toe.

Paint with the following :—

R

Alcohol

Tinc. Iodine āā ȝ ii

if this fails to cure the malady rub the part with oil of wintergreen

G. Peritonitis (with or without perforation

If there be signs and symptoms of perforation.

- i. Operation affords a better chance of recovery than that offered by Nature.
- ii. Hypodermic injection of Nucleinate of sodium. (40 c.c. of normal saline and 40 c.g. of Nucleinate of sodium) in one or two places of flanks or outer surface of thigh ; it

increases hyper-leucocytosis; it causes pain which is relieved by application of opium fomentation; it should be given at once.

H. Cardiac failure.

Change in the myocardium resulting from pyrexia and from toxins are the recognised causes of heart-failure in typhoid.

The following are the best combinations:—

1. *Orally* :

- i. Tabloid Digitalin et Strychnine sulph. (each 1/100 grain);
one every 2 or 3 hours.
- ii. Diffusible stimulant.

R

Spt ammon. aromatic	m. xx
Spt. Etheris	m. xv
Tinc. Musk	m. xx
Aq. Chloroformi	ad. ʒ j

mft. for a dose : sig. one every 3 hours.

- iii. Caffeine citras effervescence. (Bishop's). Dose a teaspoonful in an ounce of water every 3 hours up to 4 doses.

2. *Hypodermically* :—

- i. Tabloid hypod-digitaline and strychnine (1/100 gr. each) every 4 hours upto 2 or 3 injections.
- i. Ziemmsen recommends sub-cutaneous injection of camphor dissolved in olive oil (camphor 1 gramme, olive oil 5 grames).

(iii) Stage of Convalescence :—

The following is my favourite prescription: Drachm doses of glycerine acid. pepsin. with iron in the shape of iron somatose, Homell's hæmatogen, vin de hæmoglobin, &c., twice a day after meal.

Subsequently the ideal tonic is :

R

Quinine hydroch	gr. ii
Acid nitro-muriatic dil	m. v
Tinc. nucis. vomicæ	m. iv
Tinc. carminative	m. x
Aq. Chloroformi	ad, ʒi

n for a dose : sig. one thrice a day after meal.

N.B.—1. Remember that no solid should be allowed for a fortnight even after the subsidence of fever.

2. Remember that temperature should still be taken for a fortnight.

3. Remember that patient should be kept in bed for some days.

4. Remember that stimulants should be at once reduced.

5. Remember that change of air aids convalescence.

6. Remember that emotional disturbance is the cause of a recrudescence of the fever.

7. Remember that tuberculosis is a dangerous complication during the stage of convalescence.

Dietetic treatment of typhoid.

A cardinal rule in typhoid is to treat the patient and not the disease. It is a mistake to pay too much attention to the temperature, but the appetite requires to be intelligently studied.

Logically, we should aim at limiting to the utmost degree the possibility of taking in any further infection of any kind, so we must see to it that :—

(i) The food is free from all possibility of contamination and the drinking water absolutely pure.

(ii) The amount and character of food should be limited as it would likely put a strain on the already weakened digestive powers, or which through imperfect or perverted digestion would furnish material for fermentation or perversion of metabolism, which in turn,

would generate other toxins to be absorbed and still further, to poison the already weakened body.

- (iii) The diet should give enough calorics to make good the amount 'burnt up' in the production of the fever, and so prevent drawing on the tissues of the body itself and causing undue emaciation.

Stage of development.

Sanatogen and milk.

Benger's food and milk.

Plasmon and milk.

Plasmon arrowroot and milk (if diarrhoea).

Isinglass one ounce, cream half pint, milk 1 pint flavoured with lemon. Dose ad libitum.

White of two eggs, brandy one ounce, little salt, a little lemon or orange juice, water one pint. Dose :—ad libitum.

7. Freshly made jug-soup.

8 Freshly made chicken broth : it may be thickened with isinglass or arrowroot.

9 Milk peptonised with Fairchild's peptonising powder ; you may add a tabloid of sodium citras gr. ii to two ounces of milk ; it forms in the stomach a light flocculent, finely divided curd which is easily digested.

N. B.—Seibert recommends milk free liquid diet in enteric. An advantage claimed for the diet is the elimination of fermentation of undigested milk.

10 Milk and saccharated solution of lime, (one-eighth volume)

11. Equal parts of white wine, whey and egg water (*i.e.*, whites of two eggs beaten to a foam and mixed with a pint of cold water and stained)

12. Palatable peptone : (Parke Davis and Co.).

13. Panopepton with pineapple juice.

14. Freshly made raw meat juice.

15. Fruit juices, *e.g.* grapes, pomegranates

Freshly made whey, fermented milk. Dr. Paul Merel (*La Clinique June 4th, 1909*) remarks:—"Typhoid bacillus like its companion the *bacillus coli communis* is unfavourably influenced by lactic bacilli "

- N.B.*—1. Don't forget this watchward that the patient who before the onset of disease was stout and strong should after the decline of fever come out of bed full of strength and vigour, *i.e.*, you should feed the patient judiciously.
2. Don't give solids in any shape during the whole course of the disease.
3. Don't give tinned food like essence of chicken, &c., when fresh chicken soups are available ; on several occasions the writer has found tinned meat in such a filthy decomposed condition that it would have done a world of harm rather than the patient be without it.

Stage of convalescence :—

Continue the same diet ; you may add :—

1. Calf's foot jelly. Europeans relish it to their heart's content.
2. Squeezed "Chura mund" or "Khoe mund ;" add warm milk to make it a thin pultaceous semi-liquid mass, little honey and rose-water palatable to taste.
3. Squeezed "Sago mund," add a few drops of lemon or orange juice for flavour.

Enteric diet as issued at the Massachusettes General Hospital, Boston by E. G. Cutler, M. D.

7. A.M.—Skimmed milk 8 ounces.
9. A.M.—Mellin's food 8 ounces.
11. A.M.—Skimmed milk 8 ounces.
1. P.M.—Eggs and milk 8 ounces.
3. P.M.—Beef Juice 3 ounces with Barley water 3 ounces
5. P.M.—Skimmed milk 6 ounces with tea half an ounce.

7. P.M.—Chicken broth 4 ounces with barley water 3 ounces.
9. P.M.—Butter milk 8 ounces.
11. P.M.—Skimmed milk 8 ounces.
- 1 A.M.—Beef tea 8 ounces
3. A.M.—Skimmed milk 8 ounces
5. A.M.—Albumen water 8 ounces.
-

The following is the writer's ideal menu of diet.

- 7 A.M.—Peptonised milk 8 ounces.
9. A.M.—Mellin's food 6 ounces or fermented milk 4 ounces.
11. A.M.—Chicken broth 4 ounces, or Jug Soup 2 ounces.
Barley water 2 ounces, Fruit Juices.
1. P.M.—White of an egg and milk 4 ounces, or
Panopepton with whey, or pineapple juice.

N. B.—Put into a small teacup 1 or 2 teaspoonful of clean crushed ice; add one tablespoonful of Panopepton; stir, then fill the cup with whey; drink slowly. This is very refreshing and nourishing.

3. P.M.—Peptonised milk 6 ounces.
5. P.M.—Fermented milk 4 ounces.
7. P.M.—Panopepton or Palatable peptone a tablespoonful in water.
9. P.M.—Peptonised milk 8 ounces.
- 1-2 A.M.—Albumen water 6 ounces.
- 5 A.M.—Panopepton or Palatable peptone a tablespoonful in water.

Widal's reaction or agglutination test:—

Immune Serum agglutinates bacteria.

The method is as follows—

- 1 Put in a tube 1 vol. of typhoid emulsion and 1 vol. of normal salt solution.
2. Make a series of dilutions of the serum of patient in normal salt solution by a graduated pipette.

1	vol.	of	serum	+	4	vol :	salt sol : = 1	in 5	dilution.
1	„	$\frac{1}{5}$	„	+	1	„	„	= 1	in 10 „
1	„	$\frac{1}{5}$	„	+	4	„	„	= 1	in 25 „
1	„	$\frac{1}{5}$	„	+	1	„	„	= 1	in 50 „
1	„	$\frac{1}{50}$	„	+	1	„	„	= 1	in 100 „
1	„	$\frac{1}{100}$	„	+	1	„	„	= 1	in 1,000 „

Mix. each dilution, and blow out into separate watch-glasses, label these, and cover with other watch-glasses.

3. Mix. 1 vol. of diluted serum with 1 vol. of typhoid bacilli emulsion (this doubles the total dilution of each serum.)

Allow to stand for 4 hours and recognise agglutination.

Clinical notes.

Some fevers closely resemble typhoid in their clinical features *viz* :—

- i Paratyphoid.
- ii Pseudotyphoid.
- iii Typho-Malarial.

1. Paratyphoid Fever.

Paratyphoid fever may simulate typhoid fever in almost every particular—mode of invasion, temperature curve, duration, relapses, eruption, enlarged spleen, diazo-reaction, absence of leucocytosis, diarrhoea and hæmorrhage from the bowel; but is not caused by *Bacillus typhosus*. It is due to paratyphoid bacillus belonging to the so-called “Gartner” group. The name “paratyphoid” bacillus appears first to have been used

by Archard and Bensaude in 1896, was reintroduced by Schottmuller in 1901, and was revived by R. T. Hewlett in the Practitioner, page 173. 1904.

It may occur in epidemics, may be spread by drinking-water, affects young adults and is most prevalent in the autumn. In mild typhoid fever the agglutination-reaction is markedly present, while in paratyphoid fever the above reaction is absent and is usually mild in its course.

II. Pseudotyphoid Fever.

Pseudotyphoid Fever is an acute infectious disease of unknown origin and unknown pathology. It is characterized by a short incubation period of four or five days, then a period of continuous fever accompanied by an intense headache, more or less apathy and prostration, a profuse and extensive maculopapular eruption, all of about two week's duration; then the temperature would abruptly fall, either by crisis in a few hours, or by a rapid lysis within two days, and the symptoms then would all disappear.

Dr. Nathan E. Brill insisted that this disease was a distinct clinical entity and was entitled to a definite place in medical nosology. It had absolutely no relationship to typhoid fever, from which it was distinguished in every clinical feature, particularly in the temperature curve, in the eruption, the absence of the Widal reaction, and the lack of evidence from blood cultures. The disease was apparently not communicable.

(Medical Record. March 5, 1910.)

III Typho-Malarial Fever.

The clinical feature of this disease is like that of typhoid and is common in India.

Typhoid, as a complication, is of course due to the *Bacillus typhosus* occurring in a person who is also infected by a malarial parasite, and in that sense, therefore, the old term 'typho-malaria' is correct. (*Manual of Tropical Medicine by Castellani and Chalmers, 1910, page 669*).

Treatment is practically the same as that of typhoid.

RHEUMATISM.

Rheumatism is an infectious disease due to a special micro-organism, the *diplococcus rheumaticus*. The tonsils are the chief portals for the entrance of the poison of rheumatic fever. The toxic condition of blood causes fever, erratic painful swellings of the larger joints, drenching sweats, leucocytosis and liability to cardiac affections *e.g.* endocarditis, pericarditis, &c.

Garrod remarks :—

“ We still remain almost entirely ignorant of the nature of the morbid process concerned in its production ”

A recent and very plausible theory ascribes rheumatism to toxins formed in the alimentary canal as the result of disordered digestive functions, producing disturbances in metabolism and alteration in the tissues. The body suffering these effects of auto-intoxication has its vital resistance lowered and is therefore subject to microbic invasion.

In most cases treatment brings down pain and fever within a week, but it must be continued for at least another week, else the symptoms will relapse and the pain return.

For practical treatment it is divided into :—

- (i) Acute rheumatism.
- (ii) Chronic rheumatism.

(I) Acute Rheumatism.

A. Medicinal.

Internally :—

Open the bowels by Mag sulph ʒ ii—iv. early in the morning.
Salicylic acid and its derivatives have a specific action in rheumatism, as mercury in syphilis or quinine in malaria.

It is unanimously agreed that, under alkaline treatment, cardiac complications are less common, hence the combination of the salicylates with the alkali is satisfactory.

The following combinations answer our purpose well.

1. R

Sodii salicylas gr. vii.

(Natural).

Pot. Bicarb gr. x.

Tinc. Hyoscyamus m. xx.

Spt. Ammon aromatic m. xx.

Syr. Acacia ʒ i.

Aq. Chloroformi ad. ʒ i.

mft. for a dose: sig. one thrice a day.

Meara (*in the American Journal of the Medical sciences for March 1910*) advises the use of sodii salicylas that has stood best the test of time and experience. Be sure that the drug is chemically pure. There are two ways of attaining a pure drug: First specify the chemist's *i. e.* manufacturer's name; Secondly, send the patient to a druggist whose honesty is his commercial success.

2. Treatment by aspirin:—

Adult.	{	75 Grains in 24 hours for first 2 days.
		60 " " " from 3rd to 6th day.
		45 " " " from 7th to 9th day.
		30 " " " from 10th to 12th da

Child of 5 years.	{	10 Grains in 24 hour for 2 days.
		8 " " " from 3rd to 6th day.
		6 " " " from 7th to 9th day.
		4 " " " from 10th to 12th day.

N. B.—Each individual case demands treatment according to its nature.

The best media for its administration are :—

- (a) Cold milk.
- (b) Fresh lemon juice.

- N. B.—(a) Don't give sodii bicarb either as powder or in water, otherwise aspirin will be decomposed
- (b) Don't prescribe it in tabloid or tablet form as the writer has seen it passed per rectum unaltered
- (c) Don't push on the drug when rashes or eruptions appear

3. Colchi-Sal capsules.

Eight or ten a day according to the nature of the case.

Locally :—

1. Saturated sol. of mag. sulph with Tinc opium, has a marvellous action; soak the part constantly with a layer of thick cotton, place the joint on a splint if possible to prevent movement.
2. Application of Salicylic acid and its derivatives, is worthy of a trial.

How do the Salicylates act in Rheumatism ? At the seat of the lesion there is an excessive production of Co_2 . This Co_2 lies nascent there; in whichever form salicylic acid is taken it is converted into a sodium salicylate in the blood and circulates as such. The sodium salicylate coming in contact with the nascent Co_2 . generated at the seat of inflammation, is split up into salicylic acid when it exhibits its specific action.

The following combinations are best :—

- (a) Rub Betol ol. gently over the inflamed joints followed by a flannel bandage.

(b) R

Oleum Gaultheria	℥ i.
Menthol	℥ i.
Camphor	℥ ii.
Lanoline	ad ℥ iii.

mft. to be rubbed freely. Cover the part with oiled silk followed by bandage.

(c) Huxley's menthol and winter-green cream ; it is sold in collapsible tubes and is a boon to travellers.

(d) R

Acid salicylic	3 i.
Oil Terebinth	3 i.
Lanolin	3 i.

mft. apply with friction for five minutes. Wrap the limb in cotton, and repeat the treatment daily.

3. Apply the following :—

R

Mesotan	
Oil olivæ	aa 3 i.

mft. it should be applied by a pencil of cotton cautiously.

N. B. (a)—Don't wrap up the part instantly otherwise blisters may arise.

(b) Don't use the medicine if the skin be tender or there be eczema as the writer has the bitter experience of observing nasty blebs which terminated into big ulcers after its application.

4. Blister:—The writer is strongly against it as the vitality of the part has already been much impaired and blister may add fuel to fire and lead to ulceration.

5. Application of cold compress or ice bag over swollen joint is now obsolete.

N. B.—Warm fomentation over joints though largely practised to alleviate pain is contraindicated as it leads to synovial effusion.

Hypodermically :—

Injection of solution of sodium salicylate into the joint had been advocated by Santini (*B. M. J.* October 22nd 1904).

Sodium salicylate coming in contact with nascent CO_2 generated at the seat of inflammation, is split up into salicylic

acid where it exerts its specific action. In whatever form salicylic acid is taken, it is converted into sodium salicylate in the blood and circulates as such. The carbonic acid and phosphoric acid of the blood are constantly struggling for the possession of sodium and at the seat of inflammation, Co_2 unites with sodium setting salicylic acid free to do its action.

Treat the patient symptomatically.

1. Hyper-pyrexia :—

(a) Ice over head.

(b) Graduated bath may be administered, but it is difficult to carry out in private practice.

(c) Cold sponging.

N. B.—To bring down temperature by a powerful antipyretic like phenacetin is dangerous.

2. Cardiac complication, &c.

Locally :—

Small blister in the neighbourhood of heart.

Internally :—

Iodides dissolved in milk to remove inflammatory products.

3. Sleeplessness.

Chloralamid gr x. At night.

4. "Cerebral rheumatism" with hyperpyrexia requires prompt treatment with the cold bath.

During the stage of convalescence give quinine salicylate gr. v. early in the morning; arsenic and nucis vomica are best tonics; iron is recommended if there be rapid anæmia.

The following combinations serve our purpose :—

℞	Ferratin	gr. ii.
	Sodii-arsenias	gr. $\frac{1}{21}$
	Ext. Nucis vomica	gr. $\frac{1}{4}$.
	Ext. Gentian	qs.

mft. for a pill, sig one twice a day after meal. If there be some cardiac complication the writer recommends the following :—

℞	Sodii salicylas	gr. ii ss.
	Syr. ferri Iodide	3 ss.
	Sodii Iodide	gr iii.
	Aqua Dist	ad 3 i.

mft. for a dose : sig. one thrice a day after meal.

B. Hygienic Treatment.

1. Absolute rest in bed.
2. Avoid exposure.
3. Wear flannel next to skin.
4. Keep the patient in a dry two-storied room.

C. Dietetic treatment :—

1. Milk and nothing but milk.

Horlick's malted milk when there is difficulty of procuring fresh milk especially at night.

(II) Chronic Rheumatism.

Internally :—

1. The prescription of "Chelsea Pensioner."

(Louisville Medical Monthly).

Lord Anson paid three hundred pounds for the privilege of publishing the following combination for chronic rheumatic arthritis

℞	Sulphur	3 ii.
	Cream of tartar	3 i.
	Rhubarb	3 ii.
	Guaiacum powder	3 i.
	Make one powder and add honey 3 xvi.	

. Add also a finely powdered nutmeg.

Mix well, and take two teaspoonfuls in a tumbler of white wine and hot water on going to bed, and repeat the dose on getting up in the morning.

2. The combination of iodide, guaicum and sarsa is recommended.

R

Pot Iodide	gr. vi.
Tinc guaicum ammoniata	m. xv.
Tinc Quillæ	3 ss.
Ext. sarsa liq.	3 i.
Aq. Chloroformi	ad. 3 i.

mft. for a dose : sig. one thrice a day an hour after meal.

N. B.—Salicylates are useless.

Locally .—

Bier's Hyperemia Treatment.

1. Hot air bath is very efficacious. Bloodgood, in his article in "*Progressive Medicine*" for Dec. 1906, says : Bier bases his hyperemic treatment on the fact that the exudate in an inflammatory process is nature's means of combating local infection. The advantageous use of hot dry air requires that it shall reach a temperature of from 200° to 400° Fahrenheit. Such a temperature contracts the arteriols ; this action being followed in a very few minutes by dilatation and an agreeable flush. It relieves pain and muscular spasm, stimulates the cutaneous nerves and the lymphatics and gives a glorious sense of well-being. Betz hot-air apparatus while inexpensive, will be found admirably adapted to the purpose for which it is intended.

Dry heat in the form of the radiant heat baths has been strongly recommended and is a valuable stimulant.

(*A system of Medicine by Osler and McCrae, Vol. ii page 711*).

2. Massage and passive movements to reduce swelling and prevent ankylosis.

3 Electricity.

4. Seabaths : Tidman's sea salt—a handful in a cistern of tepid water for bath, serves our purpose.

5. The aromatic sulphur bath produced by the solution of Pintinol is at once pain-soothing and beneficially influencing the attack. Pintinol (*Syn-Thiopinol*) contains :

65	per cent.	alcohol.
18	„ „	pine oil.
14	„ „	sulphur.
3	„ „	glycerine.

and shall be kept from the proximity of a naked flame. The bath should be given thrice a week.

6. Rub the affected joints well with the following :—

R

Juice extracted from the root of “ Sajena.”

Pure Mustard oil āā ȝ ii.

Rec. spirit ȝ ii.

This indigenous Medicine requires further trial in the hands of the profession to prove it as an infallible remedy in chronic rheumatism.

Climatic change is highly beneficial.

Dietetic treatment :—

If the bowels are thoroughly attended to, many cases require no dietetic treatment. In many cases the patient is aware that certain articles of diet affect rheumatism unfavourably, and the use of such foods or drinks should be avoided or restricted. Nature is the best guide in these matters.

The following are suggested :—

- (i) The diet should be a simple one.
- (ii) More fluid should be drunk.
- (iii) Restrict the carbohydrates, *e.g.* sweets of all kinds, potatoes and other underground roots and all puddings of a “ stodgy ” nature.

(*Green's Encyclopedia and Dictionary of Medicine and Surgery, Vol. viii, p. 581*).

MALARIA.

Malaria literally means bad air.

Malaria is a specific infectious disease caused by the hæmatozoa of Laveran, *characterised generally by—*

1. Periodicity.
2. Local occurrence and miasmatic changes.
3. Susceptibility to quinine.
4. Certain appearance of plasmodium in the blood.
5. Enlargement of spleen.
6. Pigmentation of tissues ;

and

characterised clinically by various types of fever, *viz :—*

- I. Intermittent.
- II. Remittent.
- III. Pernicious.
- IV. Larvel or masked form.
- V. Malarial cachexia and anæmia.

I. Intermittent fever :—

- (A) Attack of fever.
- (B) Apyretical interval.

A. Attack of fever.

(i) *Prodromata.*

- (a) Objective symptom.

Temperature always rises before ague actually begins.

- (b) Subjective symptoms.

1. Head-ache.
2. Feeling of lassitude.
3. Heaviness of limbs.
4. Nausea and vomiting.
5. In children even convulsion.

(ii) Ague.

Classical symptoms are :—

Patient shivers, teeth chatters, hands feel cold, nose and ears get blue, tongue is foul and dry, pharynx is dry therefore he can not speak, pulse is weak and rapid.

(iii) Hot stage.

Classical symptoms are :—

Skin is dry and pungent, face gets flushed, conjunctiva is red and congested, pulse is rapid and is bounding, some confusion of mind may be present, patient is restless, temperature continues high.

(iv) Sweating Stage.

Classical symptoms are :—

Sweat begins to form on the face, neck and then spreads to the whole body, pulse rate falls down, respiration gets slow and the patient falls into a deep sleep and wakes up usually in health, sometimes little exhausted.

II. Remittent fever.**III. Pernicious malarial fever.**

(a) Black-water fever.

(b) Malignant malarial fever with hæmorrhage : *e.g.* hæmatemesis, melina, hæmaturia, &c.

(c) Cerebral type : resembling sunstroke.

(d) Algid type : resembling cholera.

IV. Larval or latent malaria.**V. Malarial cachexia.**

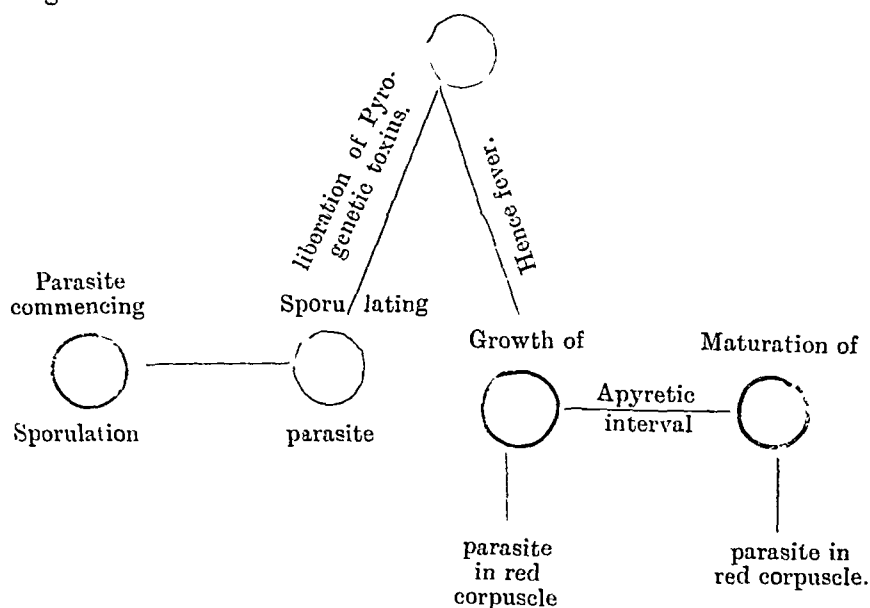
It is a sequela to chronic malaria.

It is now an established fact that malarial fever like all other parasitic diseases is a "catching disease," that it is communicable from the sick to the healthy by the agency of mosquitoes of particular species—*Anopheles Maculipennis*.

The cycle of life of the parasite.

The malarial parasite exists in nature outside the human body in *Anopheles Maculipennis*, passes from the salivary glands down the hypopharyngeal canal of the mosquito's proboscis, is inoculated into the human body by the bite, penetrates into the red blood cells and completes a cycle in the blood of the human being who is acting as host. This cycle is called the *cycle of Golgi*.

The life-history of the malarial parasite has a definite relationship to the disease as can be seen by studying the diagram—



N.B.—Sometimes two distinct broods may exist, producing double fever, or three distinct broods, causing triple fevers.

Normally an antitoxin is readily formed by the cells of the body to neutralize this hæmolytic toxin, and may be a cause of the natural disappearance of the parasite and the cure of the

disease, provided the vitality is at par. starvation lessens the vitality, while nuclein, etc., raises it up.

Its results—

1. Pigmentation of organs is due to hæmozoin liberated by the infected red corpuscles.
2. Hæmoglobinuria is due to the excessive destruction of blood, as the liver is unable to convert the whole of the hæmoglobin liberated into bile.
3. Anæmia is a marked feature due to destruction of red cells.
- 4 Spleen and bone-marrow are affected; they act as a purifier to the blood which passes through them.
5. Death in certain pernicious cases is due to liberated spores of the parasite attacking new erythrocytes, and so the numbers of the parasites increase.

Fate of parasite:—

1. It may be killed and hence no infection results.
2. It may remain dormant and go through its life-cycle in the spleen, and not develop until predisposing causes, by lowering the vitality, give it opportunity when the parasite so to speak springs to life.
3. It may develop atonce and give rise to fever.

Varieties of Parasite.

The parasites of malaria are divided according to the periodicity of fever, *viz.* quotidian or aestivo-autumnal, tertian and quartan.

The aestivo-autumnal parasite developes in the blood in 24 to 48 hours; the tertian does in 48 hours while the quartan in 72 hours.

Dr. Manson (*British Medical Journal December 8th, 1894*) concludes that the mosquito is the agent which removes the malarial parasite from the human body and gives it the opportunity of continuing its existence as a species. He considers that malaria is very probably a disease of insects, the malarial organism being a gregariniform parasite capable of living in the body of man or in the body of mosquito—the hosts being interchangeable so to speak.

Dr. Ronald Ross and Dr. Leonard Rogers trace the “crescent body” into the stomach of mosquito where it rapidly passes through the ovoid, spherical, and flagellate stages.

“Crescents possess no amoeboid motion, yet show the power of gradually changing their shapes”—Mannaberg.

Hence the ideal plan of treatment will be to destroy mosquitoes and to treat the patient till he is radically free of malarial parasite.

The treatment is grouped under two broad divisions :—

- (i) Prophylactic.
- (ii) Therapeutic.

(I) Prophylactic treatment of malaria.

1. General—

- (a) the land should be elevated and well drained.
- (b) Dwelling should be well raised and of impervious material to prevent all refuse water to get underneath the house.
- (c) Jungle should be made clear as much as possible
- (d) Drinking water must be pure ; it is safer to boil water before drinking.
- (e) Eucalyptus, pine, and sun-flower trees are very useful probably through the influence in draining the soil.

Professor Celli on the other hand says that such trees, so far from banishing mosquitoes, are favourite hiding-places for these insects.

2. *Personal*—

- (a) Avoid chill, night-air and exposure to sun.
- (b) Wear cotton next to the skin and flannel or woolen dressing outside.
- (c) Large fires have an important prophylactic influence.
- (d) Use of 'sola' hat or umbrella is good.
- (e) Don't sleep on the ground.
- (f) Isolate the patient from endemic locality or segregate him in a specially made "mosquito-proof house" with brass and nickel wire gauze.
- (g) Exposure to sun light increases the resisting power of the system by the tonic effects of light on the red blood corpuscles.
- (h) Calcium sulphide has been employed as a remedy for various infectious maladies

It can be employed thus :—

1 R

Calcium sulphide gr. $\frac{1}{4}$ — $\frac{1}{2}$

mft. every half hour till 5 grains have been given ay.

2 R

Calcium sulphide 6 centigrams.

Arsenic sulphide 1 milligram.

mft. for a pulv sig. to be given an hour before each meal and a double dose at bed time, until the skin smell of sulphureted hydrogen, then half the doses to keep up the saturation.

No mosquito will attack any person so-saturetted

3 *Use of drugs :—*

Koch's Method.—Koch's method consists of what is known as the "long interval prophylaxis," by the giving of 15 to 22½ grains on two consecutive days at intervals of, from 8 to 11 days, usually on the 10th and 11th day.

Celli's Method.—Celli's method consists in the daily administration of two sugar-coated tabloids of three grains each of the bisulphate or hydrochloride of quinine.

Plehn's Method.—Plehn's method of "double prophylaxis" consists of giving 7 to 8 grains every 4th or 5th and 6th day.

Indian Method.—A large number of medical officers in India now give a medium-sized dose (10 grains) twice a week on two consecutive days.

(*Prophylaxis of Malaria in India by P. Hehir, 1910, page 163*).

The writer's method.—Two grains of Quinine hydrochlorate dissolved in two drachms of Vini. Gallici are to be taken at bed time. Drop dose of liq. Arsenicalis is good.

Bathe daily after rubbing the body well with pure mustard oil for quarter of an hour.

Fumes of sulphur or scented resin especially at dusk is an excellent plan of driving away the mosquitoes and of perfuming the air.

4. *Protection against mosquito :—*

(a) by drainage of pools where *Anopheles Maculipennis* may harbour.

(b) extermination of mosquitoes by—

1. Kerosine oil or fishes &c., in stagnant water, *e.g.*, pools, ponds, &c.

2. Fumes of sulphur or scented resin.

(c) Mosquito net.

(d) "Mosquito-proof house" with brass and nickel wire gauze.

(e) Drugs applied to the skin :—

Sponge the body well with the following—

R

Quinine Hydrochlorate	gr. ii
Glycerine	oz. ii
Aq. Rosæ	oz. vi

mft. sponge before retiring to bed.

5. *Use of serum of immune animal is beneficial.*

(II) Therapeutic treatment :

A. *Open the bowels :—*

(1) By a big dose of calomel followed by saline purgative in the morning :

R

Hydrarg. Subchloride	gr. v
Sodii Bicarb	gr. xv

mft. for a pulv : sig at bed time.

Early in the morning a dessert-spoonful of Kutnow's powder or Granular Sodii Phosph. effervescence is dissolved in a glass of hot water and is to be sipped like tea.

Hare, in giving the treatment for malarial fever, after extolling quinine, says "But, on the other hand, it must not be forgotten that the quinine cannot destroy the malarial parasite until it (the quinine) has entered the blood ; that it cannot enter the blood until it is absorbed, and that it is impossible for it to be absorbed if the gastroduodenal and hepatic circulation is so disturbed that catarrh of the stomach and bowels is present, making it impossible for the quinine to be taken up by the circulation ; it is therefore essential, in almost every case of

intermittent fever, that the bowels shall be thoroughly unloaded.' In other words, lay the foundation for your treatment by first "cleaning up and cleaning out" the intestinal tract.

(2) By fractional doses of calomel (*Hare's method*).

R		
	Hydrarg subchloride	gr $\frac{1}{2}$
	Resin podophyllin	gr. $\frac{1}{2}$
	Sodii Bicarb	gr. iii

mft. for a pulv : sig. one every half hour for six doses, followed by a full dose of a laxative saline.

B. Disinfect the intestine by antiseptics :—

Sulphocarbulates of calcium, sodium or Zinc answer the purpose.

Waugh (*American Journal of clinical Medicine Jan. 1910*) remarks that a large share of the "Malarial" symptoms is due to fecal toxemia.

Is there anything quite as likely to lessen the resisting power of blood corpuscles as a fecal element in the blood serum surrounding them? Or anything so apt to render this serum a favourable culture-fluid for the plasmodia?

Arsenic has the power of rendering the blood corpuscles so unpleasant to the Malarial plasmodia that the latter leave these cells alone.

Treat the patient :—

1. During fever.
2. During remission.
3. During subsequent apyretic period.

1. Treatment during fever :

1. *Ague stage* :—

When the chill occurs with the onset of the paroxysms the patient should go to bed and be warmly covered.

15 drops of spt. chloroform with hot lemonade is refreshing.

Hot water bottles may be placed to the feet. Physiologically, the proper remedy to give is the powerful antispasmodic combination of.

R

Glonoïn	
Hyoseyamine	$\bar{a}\bar{a}$ $\frac{1}{2}$ milligram
Strychnine Arseniate	$\frac{1}{2}$ milligram

mft for a pulv : every ten minutes until the cutaneous capillaries are forcibly dilated and the internal hyperæmia abated.

2. Hot stage.

(a) Fresh lemonade, soda water with milk, and fruit ice-waters are very refreshing.

(b) Ordinary, Ammonia mixture.

(c) Writer's formula.

R

Acid Carbolie	m. $\frac{1}{2}$
Acid Hydrobromic (dil)	m. xv.
Syr. Aurantii	$\bar{3}$ i
Aq. Chloroformi	Ad. $\bar{3}$ i

mft. for a dose : sig one every 3 hours.

(d) Warburg's Tincture 30 drops every hour till temperature lowers down to normal.

(e) Liq. Cinchon Hydrobromatis m. v—x, in an ounce of Aqua Auranti floris every 3 hours.

(f) A little stimulation of the auricular branch of the pneumogastric by applying a cool lotion to the lobule and behind the ear is most refreshing to the patient.

2. Treatment during remission :—

Dr. John Stuart remarks :—"It is the fundamental principle that quinine should not be given unless the skin is moist, the tongue moist and the secretions are open. If the skin is dry, the tongue parched and the bowels are locked up and loaded, quinine will intensify the evil."

(A.) *Quinine is our sheet-anchor ; it is quinine and nothing but quinine can kill the plasmodium quickly.*

In the Malarial Number of the Practitioner March 1901. *Patrick Manson, M. D., remarks :—*“ It may be safely asserted that any intermittent fever which resists quinine for 3 or 4 days is not malarial.”

Marchiafava and Bignami, from their careful study of the subject, conclude as follows :—

“ Quinine acts upon the malarial parasites in that phase of their life-cycle in which they are nourished and developed.”

Prof. Osler boldly remarks :—

“ The physician who at this day cannot treat malarial fever successfully with quinine, should abandon the practice of medicine.”

(*A system of medicine by Osler and McTear, Vol. i, page 448*).

The best time of quinine administration :—

Theoretically the best time of the administration of quinine is during sporulation of the parasites, when the youngest forms will be free in the blood stream, while *clinically* there is some ground for giving the drug during a remission or intermission, as it is less likely to produce sickness or distress at that time.

(*Fevers in the Tropics by Leonard Rogers, page 231*).

Mode of administration of Quinine :—

1. *Orally* :—

(a) Quinine in solution with some acid.

(b) Quinine in suspension : powder quinine in milk, tea or mucilage.

(c) Quinine in cachet.

(d) Quinine in pill.

(e) Quinine in tabloid or tablet or capsule form.

(f) Quinine pulverette, (*Oppenheimer Son & Co.*).

The 'Lancet,' December 14, 1907. (Laboratory Report.)

The 'Pulverette' may be regarded as a real advance on the ordinary pill. In appearance it resembles the pill but consists of a thin shell which contains the medicament in the form of powder. On merely pressing the 'Pulverette' between the thumb and finger it cracks and the powder is released.

N. B.—Quinine acid Hydrochlorate gr. v, tablet or pulverette is highly recommended by the writer, while quinine in pill form is condemned as he had observed undissolved pills in the stool on several occasions.

2. *Hypodermically :*

Tabloid Hypod Quinine bihydrochloride, gr. iii when required.

In Pernicious forms, give quinine quickly without waiting for the action of cathartics. Death camps on the patient's trail, and only the speediest aid will fend off the stroke

3. *Inunction :—*

Rub quinine ointment on child's back

4. *Per rectum :—*

(a) Enule quinine bisulphatis gr. v.

(b) Quinine hydrochloride gr. x, dissolved in bovril gruel act as nutrient enema.

N. B.—Rectal administration is of great value when there is gastritis.

Method of disguising the taste of quinine :—

1. Chew a bit of myrabolium before taking quinine.
2. Gingerine covers the taste of quinine.

R	Quinine Hydrochloride	gr. v
	Piperine	gr. iii
	Gingerine	gr. $\frac{1}{2}$

mft. for a pulv : sig. one every 3 hours.

3. Sugar coated tabloid masks the taste of bitterness.
4. Quinine in cachet.

Varieties of tasteless quinine :—

1. Quinine tannas.
2. Euquinine.
3. Aristochin.

Dose of quinine :—

7 to 10 grains of quinine every 2 hours upto 3 doses after the temperature has fallen down to normal.

American physician recommends arseniate of quinine (one grain of arseniate of quinine = 15 grains of sulphate of quinine).

(B.) *Other medicines used in this stage of the disease.*

1. Dr. Brodax recommends acetanilid in preference to quinine, and has prescribed 2 to 6 grains of the medicine according to the age of the patient 20 minutes or half an hour before the expected chill.
2. Drs. Blanchard and Ribot strongly recommended the use of Phenocoll hydrochloride for fever of malarial origin instead of quinine and antipyretics of coal tar series. At least 30 grains per diem divided into 3 doses should be given 5, 3 and 2 hours respectively before the time of expected attack. The best way of administration is in solution with Syrup Aromaticus.

N. B.—It should be given where it is difficult or impossible to administer quinine.

The “darkness” treatment :—

Light stimulates the cutaneous circulation and has a distinctly irritating effect on the red corpuscles of the

blood which carry the germ. In this way the germ is aroused and disseminated. Hence the malarial exacerbation (*Amer. Journ. of clinical med: Jan. 1910*).

3. Treatment during subsequent apyretic period.

J. H. Whelan: *British Med. Jour.*, April 23, 1910 remarks that quinine cures malarial fevers by destroying the homes and food of the *Plasmodia malariae* before they can sporulate asexually; but yet the "cured" patient may remain a source of infection to his neighbours for some time.

Internally :—

1. The following combinations of chlorides, bromides, phosphates and sulphates are recommended by the writer :—

(a) R

Quinine Hydrochloride	gr. ii
Acid Nitromuriatic (dil)	m. v
Liq. Arsenic Hydrochloride	m. ii
Liq. Strychnine Hydrochloride	m. ii
Tinc. Ferri Perchloride	m. vii
Inf Calumba	ad. ʒ i

mft. for a dose : sig. one twice a day after meal.

N. B.—You may omit Nitromuriatic acid if required ; hence it would be an excellent quinine mixture without acid.

(b) R

Quinine Hydrobromide	gr. ii
Acid Hydrobromic (dil)	m. v
Syr. Aromaticus.	ʒ ss
Tinc. Carminative	m. x
Aq. Chloroformi	ad. ʒ i

mft for a dose : sig. one twice a day after meal.

N. B.—Syr. Hydrobromate et Strychnine (Fletcher's). Dose a teaspoonful twice a day after meal being diluted with an ounce of water.

(c) R

Quinine Phosph.	gr. ii
Ferri Phosph.	gr. i
Sodii Phosph.	ʒ ss
Strychnine Phosph.	gr. $\frac{1}{4}$
Acid Phosphoric (dil)	m. v
Aq Chloroformi	ad. ʒ i

mft for a dose : sig. one twice a day after meal.

N.B.—Syr. Ferri Phosph. cum Quinine et Strychnine. Dose
a teaspoonful as mentioned above.

(d) R

Mag. Sulph.	ʒ i
Quinine Sulph.	gr. ii
Acid Nitro-muriatic (dil)	m. v
Ferri Sulph.	gr. $\frac{1}{2}$
Tinc. Zingiberis	m. vii
Aq. Chloroformi	ad. ʒ i

mft for a dose : sig. one twice a day after meal.

2. The following powders are worthy of a trial.

(a) R

Quinine Hydrobromate	gr. ii
Ferratin	gr. ii
Pulv. Rhei	
Pulv. Zinger	
Pulv. Calumba	āā gr. i

mft. for a pulv. sig. one twice a day.

(b) R

Quinine Phosph.	gr. i
Ferri Phosph.	gr. i
Sodii Phosph.	gr. xv
Pulv. Rhei	gr. ii
Leptandrin.	gr. i

mft. for a pulv : sig. one twice a day.

3. American physicians recommend triple arseniates with nuclein three times a day after meals for a month or six weeks.

R

Quinine Arseniate	gr. 4
Ferri Arsenias	gr. 4
Strychnine Arseniate	gr. 4
Ext. Gentian	qs.

mft. for a pill : sig. one thrice a day after meal.

N. B.—Plasmodium is destroyed by quinine. Blood is restored by ferri arsenias. Vitality is incited by strychnine. Nuclein restores the protective powers of the body.

4. The undermentioned formulæ of pills act nicely.

(a) Malarial fever with rheumatic diathesis.

R

Quinine Salicylas	gr. ii
Lithium Salicylas	gr. ii
Narcotin	gr i
Ext. Gentian	qs.

mft. for a pill : sig. one thrice a day.

(b) Malarial fever with enlarged spleen.

There is a very valuable remedy to reduce enlarged spleen—Berberine; adult dose one grain per day; it causes violent contraction of the spleen.

R

Quinine fluoride	gr ii
Ferri Arsenias	gr. 4
Ext. Nucis Vomica	gr. 4
Oil Anisi	m 4
Berberine	gr. 4
Pil Rhei Co.	gr. ii

mft. for a pill : sig. one twice a day.

N. B.—You may add any of the following :—

(i) Methylene blue gr. i.

or (ii) Ergotin gr. 1/2-1.

or (iii) Narcotin gr. i-iii.

N. B.—Arsenic and Narcotin act directly on malarial crescent

(c) Malarial fever with nervous temperament.

R

Quinine Hydrobromate	gr ii
Ferri bromide	gr. i
Arsenic bromide	gr. $\frac{1}{8}$
Aloin	gr. $\frac{1}{4}$
Pil. Colocynth et Hyoscyamus	gr. ii

mft. for a pill : sig. one twice a day.

(d) In obstinate malarial cases where quinine has failed.

R

Ammon. Picrate	gr. $\frac{1}{4}$
Sodii Bicarb	gr. ii

mft. for a pulv : sig. one thrice a day.

Locally :—

(a) R

Creosote	ʒ ii
Lint Iodine	ʒ vi

mft. paint about a rupee size over enlarged spleen.

(b) Lawrence recommends scarification and pressure.

(c) X rays treatment may be tried in obstinate cases under experienced hands.

(d) Vibration over the region of liver is useful.

(e) Pope recommends the use of alternate hot and cold douch over an enlarged liver and spleen.

(f) Rub with bin-iodide of mercury ointment followed by local sun-bath.

Treat the patient syptomatically : —

1. *Vomiting :—*

Prescribe quinine in an effervescent form.

R

Quinine Hydrochlorate

gr. ii

Sodii Bicarb

gr. xii

mft for a pulv : to be added to the mixture below.

R

Liq Ammon Citratis

℥ ii

Acid Citric

℥i. x

Syr. Aromatic

℥ ss

Aq Aurantii Floris

ad ℥ i

mft for a dose : to be mixed with the powder above.

2. *Hæmatemesis &c.* :—*(Vide my article on cirrhosis of liver.)*3. *Meningitis* :—*(Vide my article on Cerebrospinal Meningitis.)*4. *Cancerum Oris* :—

Gargle with Condyl's lotion off and on, followed by Hydrogen peroxide spray : touch sloughing sores with fuming nitric acid or pure carbolic acid : and feed him with nourishing food and stimulants.

5. *Bed sore* :—*(Vide my article on Typhoid).*6. *Nose bleeding* :—

Touch the bleeding point with liq. adrenalin chloride (1 in 1000) P. D. & Co.; if this be impracticable plug the posterior nares with cotton.

7. *Hæmaturia* :—Atropine stops the loss of blood.8. *Constipation* :—

Ziemann strongly recommends washing out the rectum with warm normal saline solution as a routine practice in constipation.

Dietetic treatment.

During the stage of fever restrict to liquid diet, *e.g.*, milk or milk and soda water, broths. Barley water, sago, oatmeal-water, lemonade and the juices of oranges, grapes and pomegranates may be freely given.

Alcohol is not necessary in all cases, but it should be given when the weakness is marked and the pulse is failing.

During apyretic period bread paps and other light farinaceous foods are allowed.

Black water fever is a pernecious type of malarial fever characterised by great blood destruction and hæmoglobinuria.

The main indications are :—

1. To destroy the parasite by—

(a) oral administration of quinine tannate grs. iiss often repeated,

(*Nocht's Method*).

(b) intramuscular injections of quinine bihydrochloride gr. iii twice a week.

2. To flush out the kidneys by albumen-water, soda-water, whey, barley water &c.

The following is an extract from the *Annals of Tropical medicine and parasitology*, October 1. 1909, page 172).

In black water fever there is a tendency to plugging of the renal tubules with granular material, which is purely mechanical in its action, appears less likely to occur when the flow of urine is rapid than when it is sluggish. For this reason in all cases of black water fever, and especially when the amount of urine secreted is small, the administration of a copious amount of fluid to drink, tea, caffèine, digitalis or other dieuretics are recommended.

3. To keep up the heart's action and the blood pressure by sparteine sulph gr. $\frac{1}{2}$ or digitalin gr. $\frac{1}{100}$.

(i) Dannermann uses a decoction of a native African remedy, the leaves of *Combretus, Raimbanthius*. (Decoct. fol. combreli 24 parts, water 1,500 parts, used as a tea during the day). To promote diuresis potassium acetate is used.

(*A system of medicine by Osler and McCrae, Vol. i, page 459*).

(ii) Dr. Newell in the *Black water fever (bilious malignant tertian ague)* page 34, recommends Ext. cassia beareana lig. ʒi-ii as a cardiac tonic, a diuretic and a diaphoretic.

It breaks the course of the fever and has an antiperiodic effect like quinine.

It should be given three or four times a day.

4. Relieve the liver congestion by a big dose of mag. sulph.

5. Stop bleeding by calcium chloride gr. xv well diluted every four hours. It increases the tonicity of the blood, and acts also on the renal cells.

Malarial cachexia, a sequela of chronic malaria, yields to injections of cacodylate of quinine.

CACHECTIC FEVER.

(LEISHMANIASIS, TRYPANOSOMIASIS, KALA-AZAR.)

It is caused by Leishman Donovan body. It is not a Malarial fever in the truest sense of the term and mosquito takes no part in the roll of the disease.

Bed-bug (*cimex rotundatus*) is the intermediate host of the transmission of this disease.

Dr. Price remarks :—

“A regular hot-bed of *Kala-azar*.” (*Fevers in the Tropics*, by Leonard Rogers, page 93).

The Characteristic signs and Symptoms are :—

1. Spleen and Liver much enlarged, hard and cartilagenous to touch.
2. Pigmentation of skin.
3. General anæmia.
4. Bleeding from nose and gum.
5. Marked emaciation and night-sweats.
6. Double rise of temperature.

The treatment is summarised as follows :—

- i During early stage of the disease.
- ii During later stage of the disease.

i. Treatment during early stage of the disease.

Quinine has little or no specific action in this fell disease, but it may be used in tonic doses.

The following is the ideal method of treatment as sketched by the writer :—

1.

R

Ext. Berberis aristatae liq	℥ vi
Quinine lactate	℥ i
Liq. Sodii arseniatis	m. XL
Spt. Chloroformi	℥ iss
Inf. Calumbae	ad. ℥ viii

mft. Put 12 marks : sig. one twice a day after meal.

2.

R

Sodii cinnamate

gr. ii

Confec. Rosae q. s.

mft. For a pill. sig. one twice a day.

N. B.—These medicines (mixture and pill) are to be used alternately every week.

Wilson remarks that nuclein has a marvellous action in this disease. It increases leucocytosis: yeast-nuclein is a grey white powder, soluble in alkaline sol: dose 10 grs. six times a day.

II. Treatment during later stage of the disease.

Subcutaneous or preferably intramuscular injection of "Soamin" Tabloid gr. v dissolved in water twice a week; or atoxyl. gr. $\frac{3}{4}$ to 3 dissolved in 20 minims of distilled water twice a week.

N. B.—These organic preparations of arsenic are lauded to be highly beneficial in this disease; marked increase of leucocytosis is a good sign and the prognosis seems favourable. The injection should be made fresh before use.

The following are recommended:—

1. Virol. dose a dessertspoonful with 4 ozs. of milk twice a day.
2. Raw meat juice 4 ozs. in the morning.
3. Fruit juices *e.g.*, pomegranate, grape, oranges, &c.
4. Milk and its derivatives,
 - a.* plasmon.
 - b.* plasmon arrowroot if diarrhœa.
5. Sanatogen and ovaltine act well.
6. Rice and washed bread are allowed.
7. Iron somatose and milk.

During convalescence change of climate is recommended.

PLAGUE.

Plague, or “ Mohamurrie ” as it is called in India, is an acute infective febrile disease caused by a micro-organism, *the Bacillus Pestis*.

Plague may be conveniently divided into two forms:—

- I. Pestis Major.
- II. Pestis Minor.

The former is again sub-divided into

- 1. Bubonic.
- 2. Septicæmic.
- 3. Pneumonic types.

As regards the channels of reception of the bacillus, it appears probable that the bacillus may enter the body through a lesion of the skin ; such a mode of entrance would account for the bubonic and septicæmic cases. In plague pneumonia the infection takes place through the respiratory tract, though there is no direct proof of this. No evidence has been obtained that the bacillus has entered through the stomach or intestines by infected food, though rats fed on infected material contract the disease.

The writer has noticed the following points:—

- 1. Plague spreads like a wild-fire throughout the length and breadth of India during spring and early summer—the so-called Plague Season—and makes a havoc especially in crowded cities.
- 2. The disease is aggravated by over-population with consequent insanitary surroundings.
- 3. During the epidemic the rats begin to die with signs and symptoms of asphyxial death.

4. The virulence of the disease is checked after good showers of rain.
5. Dusting lime freely on the soil has proved to be beneficial.
6. The disease is very rare, except imported cases, in undisturbed soils with plenty of trees and vegetations.
7. Statistics show that people occupying the unpaved first floor are more prone to the disease than people of the second or third floor.

From the above facts the writer concludes that plague, in spite of the time-honoured bacillary theory, seems to have some relation with slow form of carbon-di-oxide gas poisoning.

The reader may know that earth radiates more heat with the evolution of carbon-di-oxide gas after winter season, that rain water dissolves carbon-di-oxide gas as it percolates through the soil, that lime coming in contact with Co_2 form insoluble calcium carbonate, that vegetations take carbon out of the soil and fix them to form a part and parcel of their own bodies, that rats living close to earth begin to suffer first, and that an unpaved first floor room is subject to be infected by the gas generated from the bowels of earth.

The writer now proceeds to narrate briefly the mode by which the disease spreads :—

1. By the agency of man, *e.g.*, an infected individual arrives in a village and a week or ten days later dead rats are found in the house. The area in which dead rats are found now increases and soon a plague case appears in the vicinity.

2. By infected clothings, &c., conveyed from an infected place to a healthy individual.
3. By migration of rats, fleas on infected rats, &c.

Hence the preventive treatment involves—

- (i) Control and supervision of individuals coming from infected area.
- (ii) Disinfection of clothes.
- (iii) Destruction of rats in the area to be protected.

The treatment of plague may be considered from the following points of view :—

- i. Prophylactic.
- ii. Therapeutic.
- iii. Hygienic.
- iv. Dietetic.

1. Prophylaxis :—

1. Personal and domestic cleanliness are of the first importance.
2. Vermin and insects which infest the house are capable of harbouring the plague bacillus, and of conveying it to human beings; hence try to dispel them by the fumes of sulphur, resin, &c.
3. Remove dust, dirt and all filth.
4. Rooms should be well ventilated.
5. Remove food from the room of the sick.
6. Out-door exercise is good.
7. Disinfectants must be freely and frequently used for the hands and sprinkled about the floor.
8. Manson recommends the destruction of rats as a preventive measure. He tersely puts it: "To prevent cholera the tea-kettle, malaria the mosquito-net, and plague the rat-trap." (*B.M.J. ii 1899, p. 922*).

A. Buchanan in *B.M.J.* May 30, 1908, remarks that the presence of cats in villages is a great protection against plague, and concludes that when the number is sufficient all risk of plague is abolished.

9. Haffkine's fluid for inoculation.

The Indian Plague Commission has reported in favour of preventive inoculation (vide *The Practitioner*: April 1900, p. 458.)

CONDON in "The Bombay Plague" concludes:—

- (a) that inoculation is harmless :
- (b) that when given in the incubation stage, it has in many cases the power of aborting the disease :
- (c) that inoculation affords to all those inoculated a strong protection against an attack of plague :
- (d) that in the few cases where inoculated people are attacked, a very large proportion recovers.

II. Therapeutic:—

The writer supports the statement of JAMES CANTLIE: "No specific cure for plague by Medicine is known."—*Practitioner*, Special Plague Number, (Oct. 1900, p. 387).

Promptly treat symptoms as they arise.

Internally:—

Open the bowels by calomel followed by a saline aperient in the morning.

Prescribe any of the following:—

i. R

Acid Carbolic	m. ii
Tinc: Aurantii	3 ss
Aq. Chloroformi	ad. 3 j

mft. for a dose: sig one every 4 hours.

ii. R

Cyllin.	3
Syr. Aurantii	} 3 iii
or	
Syr. aromaticus	
Aq. Anethi	ad. 3 vi

mft. put 6 marks. sig. one every 3 hours.

iii. R

Liq. Iodine Trichloride	m. iii
Glycerine	m. xx
Aq. Rosæ	3 iv

mft. for a dose : sig. one every 3 hours.

N.B.—Put into a bottle Pot. Iodide 180 grs. and Pot. Chloras 180 grs. ; shake them well for 5 minutes, then add 3 ozs. of pure hydrochloric acid, and keep the whole mixture in a cold place for 10 days ; then throw out the mother-liquor and take out the crystals only. Then weigh them and add water 20 times the weight of the crystals. Dose : 15-40 m : 4 to 6 times a day.

As a preventive :—5 m. for a dose once a day.

After 4 to 8 doses temperature falls down, when prescribe :—

R

Caffeinæ Citras	gr. ii
Quinine Sulph.	gr. ii
Acid Carbolic	gr. i

mft : for a pulv in cachet sig. one every 3 hours ; in addition to the above medicine 3 or 4 times a day.

Locally—

1. Antiphlogistine over buboes.
2. Half a dozen leeches over buboes.
3. An ointment of finely powdered 'Gila' with honey to be applied over the buboes every 2 or 3 hours till they subside.

4. Hot compress of hydrarg. perchloride gauze to encourage suppuration, when open it.
5. "Chitrak" paste:—(Rub root of 'chitrak' with cold water against a stone:) apply it as thick paste over the buboes every quarter hour till it has been applied three or four times. By this time a decided inflammation ensues; apply hot poultices to hasten the process, when operate.

Treatment by Antiplague Serum:—

The first injection should be 30 c.c.—50 c.c., it should be followed up within 6 to 8 hours by another, and then if necessary by a third. Thereafter on the abatement of fever, and general and local improvement, one or two small injections of 10 c.c., should be given at intervals of 24 hours.

1. Yersin's Serum—Dose 200 c.c. to be given subcutaneously.
2. Lustig's Serum—Dose 200 to 2,000 c.c. to be injected under the skin.

The Serum had little effect in septicæmic cases, but appeared to be of some service in bubonic cases with multiple buboes.

(*Green's Encyclopædia and Dictionary of Medicine and Surgery*, Vol. viii, page 125).

Treatment by Injections:—

(1) Formaldehyde or formalin—

DR. BARROW of New York recommends 500 c.c. of formalin (40% of formaldehyde) strength 1 in 5000 to be injected subcutaneously; the effect is magical with a fall of temperature. Blood is found to be loaded with streptococci.

The writer recommends 20 drops of 1 per cent. Sol : of Formalin in saline sol. to be injected in the vicinity of the buboes, every 6 hours till the temperature falls down to normal.

Paint locally over the bubo the following :—

R

Formalin	m. v
Glycerine	ʒ ii

(ii) *Sodium Cinnamate*—

20 drops of a half per cent. Sol. of Sodium Cinnamate have been injected in the neighbourhood of the bubo every 6 hours by the writer with some success ; 2 or 3 injections are required ; the object being to increase leucocytosis.

Treat the patient symptomatically :—

1. *Cardiac Debility* :—

(a) Hypodermically :—Tabloid of Digitalin et Strychnine gr. 1/100 each, 2 or 3 times as required.

(b) Internally :—

i. Liq Adrenalin (1 in 1000.)

Dose : 5 to 10 drops with saline solution every 4 hours.

ii Ext : Renaglandin (Oppenheimer Son & Cc.)

Dose : 5 to 20 m. per mouth or subcutaneously.

N.B.—In toxæmia of bacterial infections with low blood-pressure, hypo-thermia and cyanosis it is specific. It raises the blood pressure.

Professor Schafer remarks :—

“ Adrenal extract produces a powerful physiological action upon the muscular system in general, but especially

upon the muscular walls of the blood vessels and the muscular wall of the heart."

iii. R

Musk	gr. ii
Caffeinæ Citras	gr. ii
" Makaradhwaj "	gr. ii
Ext : Strophanthus	gr. ½
Honey qs.	

mft : for a dose. sig. one every 6 hours.

iv. R

Liq. Strychnine Hydroch	m iii
Spt. Vini : Gallici	ʒ ii
Tinc. Cardamom Co	m. xv
Aq. Chloroformi	ad. ʒ iv

mft. for a dose. sig. one every 4 hours.

2. *Pneumonic Plague.*

R

Ammon Chloride	gr. vii
„ Carb.	gr. iv
Acid Carbolic	m. i
Spt Etheris Nitrosi	m. xx
Aq Chloroformi	ad. ʒ i

mft. for a dose. sig. one every 3 hours.

3. *Sleeplessness :—*

- (a) Chloralamide gr. 10 to 15 at bed-time.
- (b) Bromural gr. 5 to 10 before going to bed.
- (c) Sulphonal and Trional of each ten grains, in hot soup.

4. *Delirium :—*

Cold to the head ; sponge the body with warm water and a tabloid of hyoscine hydrobromate gr. 1/100 each.

5. *Diarrhœa* —

It seldom requires treatment; if severe, the writer recommends the following:—

R	Salol	gr. ii
	Dover's powder	gr. ii
	Bismuth Subgallate	gr. x
	Pulv : cretæ aromatic	gr. x

mft. for a Pulv. sig. one every 4 hours.

6. *Hyperpyrexia* :—

Sponge the body. Ice over the head and the spine, hot drinks, and brandy internally.

N.B.— Antipyretics, *e.g.*, Antipyrine, Phenacetin, &c., are forbidden.

7. *Vomiting* :—

Ice to suck, mustard plaster over epigastrium and half a teaspoonful of each of the following :—

Caffeinæ Citras Effervescence, and Cerii Oxalas Effervescence (Bishop's) of each half a teaspoonful every 3 hours.

III. Hygienic Treatment.

1. Excreta and sewage must be disinfected before disposal.
2. Rats must be caught, not fumigated out of their runs. Dead rats should on no account be handled; pour plenty of kerosine over them before removal.
3. Burn all clothings, beds, &c.
4. Conveyance should be made by ambulance waggons.
5. Disinfection of houses, rooms, must be done thoroughly.

IV. Dietetic Treatment.

Milk is not well tolerated by the patient :—

Plasmon, sanatogen, allenbury's diet, are good.

Jug soup, chicken broth, beef tea are well borne.

The nurse must be told of the danger of sudden death from allowing the patient to get out of bed or even to sit up in bed; hence the necessity of feeding the patient with a feeding cup. Palatable peptone, panopepton and peptone wine, are excellent diets

CEREBRO-SPINAL MENINGITIS.

Cerebro-spinal Meningitis means acute inflammation of the meninges of the brain and spinal cord due to the presence of *Diplococcus intracellularis* (*meningococcus*). It is not contagious in the ordinary sense of the term.

Prof. Dana classifies it as follows :—

1. Ordinary form.
2. Abortive form.
3. Fulminating form.
4. Typhoidal form.

There are four stages of the disease *viz.* :—

1. Prodromal.
2. Irritative.
3. Depressive.
4. Paralytic.

For practical purposes the treatment is grouped under two headings :—

- I. Preventive.
- II. Therapeutic.

I. Preventive Treatment.

The organism primarily lodges in the tissues of pharynx, tonsils and other parts of upper respiratory tract hence cleansing the throat with some antiseptic spray *e. g.*, hydrogen peroxide spray, chloretone spray &c. or gargles *e. g.* listerine, glycothymolin, &c., or application of a solution of equal parts of resorcin and alcohol, is highly scientific. The alcohol must be heated before the resorcin is added. Two applications, one on each side of the uvula, are sufficient. The stomach must be empty. The solution is said to destroy every organism it comes in contact with. The applications are best repeated every forty-eight hours. Six treatments will usually suffice.—DR. SEIBERT.

Schneider (*La Clinique*, Mar. 11, 1910) recommends the following inhalant as a prophylactic:—

R	Iodi	ʒiiss	6·0	grammes.
	Potass. iod.	gr. xlv.	3·0	„
	Guaiacol	gr. xv.	1·0	„
	Thymol	gr. ii.	0·13	„
	Alcohol (60%)	ʒiii.	85·0	c.c. „

m. sig.—“A little to be added to hot water and the steam inhaled.” Painting the naso-pharynx with glycerin of iodine (1 : 30), and gargling with 10 per cent. hydrogen peroxide are recommended at the same time.

II. Therapeutic Treatment.

1. Medicinal.

A. During early stages of the disease.

B. During later stages of the disease.

ii Serum Treatment.

iii Lumbar Puncture.

iv Dietetic Treatment.

A. During early stages of the disease.

Absolute rest in bed is indispensable. Put the patient on water bed if possible in a dark room; place carpet on the floor to lessen noise; head and shoulders should be raised; and remove all sympathetic friends.

Internally:—

Open the bowels by calomel followed by saline in the morning if the bowels be not moved:—

The writer recommends the following:—

R	Liq. Hydrarg. perchloride	m x
	Ext. cinchonæ liq.	m iv
	Tinc. Belladonna	m ii
	Glycerine	m. x
	Aq. Camphoræ	ad. ʒ ss.

mft. for a dose; sig. one twice or thrice a day.

N.B.—Alcohol is contraindicated as it dilates the peripheral vessels and thereby favours exudation. Musk and camphor

are best stimulants. Von. Ziemssen says "Morphia may be regarded as one of the most indispensable remedies in the treatment of epidemic meningitis."

If the patient be very restless and delirious occasional doses of chloral and opiates will soothe the nervous system.

Dr. S. J. Crowe in *the Johns Hopkins Hospital Bulletin of April 1909*, recommends urotropin in meningitis. Dose 10 grains of urotropin gradually increased to 30 grains a day; it should be diluted with large quantities of water and should be given by the mouth. Urotropin appears in the cerebrospinal fluid from 30-60 minutes after the medicine has been administered.

Locally :—

1. Emplastrum cantheridis over right mastoid process or a blister over nape of the neck.
2. Hydro-therapy for pyrexia. A pair of ice-bags over head front and back to control cerebral circulation.
3. Hydrarg oleatis to be rubbed over the head and along the spine. /

Writer's formula :—

℞		
	Hydrarg. oleatis 10 per cent	3 iv
	Lanoline	ad. 3 ii

mft. to be rubbed over the head and spine for half an hour.

4. Warm bath is a specific method of treatment of Cerebrospinal meningitis. (*Twentieth Century Practice of Medicine, Vol. xvi, page 179*).

B. During later stages of the disease.

(When there are meningeal thickenings and deposits.)

Per rectum :—

Open bowels by glycerine enema or glycerine suppository.
Parke Davis and Co

By mouth ;—

Writer's prescription.

℞

Liq. Hydrarg. perchloride	℥ ss
Pot. Iodide	gr. iii
Pot Bromide	gr. vi
Sulphuric ether	m. ʒv
Aq Camphoræ	℥ ss

mft. for a dose: sig one thrice a day.

1. Don't forget to pour a drop of honey on the tongue when the child screams. It keeps the mouth moist.
2. Don't forget to clean the mouth by means of cotton pencils, with some antiseptic lotion *e.g.*, listerine, Glycothymoline, alkathymol, &c.
3. Don't forget to have a vigilant eye on bed and clothings lest there be ants, &c. Bed should be of soft cotton and the sheets of soft linen.
4. Don't forget to examine the conjunctivæ daily. It is the index of cerebral congestion; wash the eyes daily with boric lotion.
5. Don't forget to massage the body very gently; it helps circulation.
6. Don't foment the limbs rashly during paralytic stages; it may lead to nasty ulceration as the sensation is much impaired.

Local paralysis :—

1. Massage with lard or pure mustard oil.
2. Electricity.

ii Serum treatment

iii Lumbar puncture.

After a Lumbar puncture withdraw as much of cerebro-spinal fluid as possible. It has two-fold advantages :—

- i It lessens the pressure.
- ii It removes a large number of diplococci.

The patient should be in a sitting posture with the *head strongly flexed*, in order to encourage the flow of the fluid.

When the serum is to be injected, the patient should be lying down with *head extended* in order to facilitate the entrance of the fluid.

The serum of Flexner and Jobling is the best of all serums that now flood the market.

The serum should be warmed and injected slowly, the dose being 30-40 c. c., repeat the dose in 12-24 hours if there be no improvement. Frequently a single dose is enough.

The proper method of performing Lumbar puncture, as described by Henry Heimann, M. D. New York:—"We aim to obtain the cerebro-spinal fluid by entering the sub-arachnoid space, below the point where the spinal cord proper terminates, so as to avoid any injury to this important organ. It has been found that even in infant, the cord does not extend below the level of the 2nd lumbar vertebræ, although the sub-arachnoid cul-de-sac extends below the 4th lumbar interspace. This fact gives us the selection of the proper site of puncture in infants, which should be in the 4th lumbar interspace, *i.e.* at the level of the highest points of the crest of ileum. The patient should be placed on the left side in the horizontal position, at the edge of the bed. An assistant should hold the patient by gently grasping the neck and legs, and by exerting moderate anterior flexion of the spine, separate the spinous processes, thus facilitating the introduction of the needle. I prefer the use of the original Quincke needle, to which I have added a movable flange-like guard. This, set at the proper distance, *i.e.* 2-4 c. m. in children and 4-7 c. m. in adults, just previous to the puncture, prevents the needle from penetrating too deeply, and thus avoids the injury of the anterior venous plexus. It also helps to steady the needle after its introduction. The skin at the site of the puncture having been surgically prepared and wet bichloride

towels spread on the table and floor, the operator inserts the needle at an angle of 10° to the axis of the spine in the median line in children and 5-10 m. m. to the right in adult.

When the needle is in the proper place, the stilette is removed and the conus inserted into the hilt of the needle, thus connecting the latter with the manometer by means of the tubing.

The hydrostatic pressure is then measured. The fluid is allowed to flow into a sterile test tube by lowering the manometer. The withdrawal of the fluid should cease when the hydrostatic pressure is 3 to 5 c. m. which is the normal pressure.

Our experience with lumbar puncture at Mount Sinai Hospital had led us to place the indications for its performance as follows:—

1. Violent onset with convulsions, high temperature, chill, marked restlessness, hyperæsthesia and cephalic cry.
2. Severe and persistent headaches.
3. Persistent vomiting.
4. Marked rigidity of the neck or opisthotonus.
5. Marked delirium or coma with dilatation of pupils.
6. Marked bulging of the anterior fontanelle or the presence of a marked Macewen sign."

In the New York State Journal of Medicine June 1909, Dr. L. E. Holt, M.D., L.L.D., reports the treatment of cerebrospinal meningitis by the serum of Flexner and Jobling with a report of 523 cases of which 368 terminated in recovery and 155 in death, a mortality of 29.6 per cent.

John J. Weaver: *Lancet*, April 16, 1910, reports a case successfully treated with Flexner and Jobling's serum. After removing some cerebro-spinal fluid by lumbar puncture, 30 c.c. of the serum was injected. This was repeated on the four

succeeding days, and on the sixth day a final dose of 15 c.c. was injected. Improvement was noted soon after the first injection of the serum, and in a week's time the patient was practically well.

R. F. Standage and A. J. H. Russell (*Indian Medical Gazette*, April 1910) give an account of a case of staphylococcal cerebro-spinal meningitis in a boy about 4 years of age which was treated by specific vaccine. The initial dose was 250,000,000 cocci, but the dose was afterwards raised to 420,000,000. The case terminated favourably. The authors intend in future to give large doses at once in any similar cases they may meet with.

There is no serum as yet which will aid us in conquering the affection. This is due to the fact that the meningococcus does not generate toxins such as those of the bacillus of diphtheria.

(*A system of medicine by Osler and McCrae, Vol. ii, p. 517*).

iv Dietetic Treatment.

Feed the patient with nutritious diet :—

(a) Liquid meat diet *e.g.*, panopepton, palatable peptone. jug soup, broth, &c., are excellent stimulants; they contain extractive.

(b) Milk diet :—

1. Milk peptonised with Fairchild's peptonising powder or Benger's food.
2. Horlic's malted milk especially at night when there is difficulty of procuring fresh milk.
3. Mellin's food.
4. Allenbury's diet.

N.B.—If the patient be semi-conscious carefully feed him by rectal or by nasal tube with the diet as mentioned above.

HOOPING * COUGH.

Hooping cough is a specific infectious disease characterised *clinically* by a paroxysmal cough, followed by a long-drawn inspiration during which the "hoop" is produced and usually terminated by vomiting.

The French authors describe the disease under the name of "le toux qui houpe" the cough which cries aloud.

Prophylaxis :—

Isolation and fresh air are strongly recommended ; stimulation is to be practised from the very beginning of the treatment. In B. M. J. June 12, 1897, Dr. Philip J. Bryan advises Naphthaline in the treatment of pertussis. The drug is well rubbed into the child's clothes, and the floor of the chamber sprinkled with it.

The frequency of the paroxysms are thus diminished and the patients made more comfortable in every way.

Medical treatment.

There are three stages of the disease, *viz* :—

1. Catarrhal.
2. Paroxysmal.
3. Convalescent.

1. Catarrhal Stage :—

Locally.—

- (a) Application of asaprol (1 in 100 of water) several times a day to the region about the glottis is followed by ready relief.

* The usual initial 'w' from the term 'whoop' has been cut off in recent years.

- (b) Spray inside the throat with 2% sol. of salicylic acid or resorcin every 2 or 3 hours during inspiration.

E. SMITH.

- (c) Dr. Kilmer recommends an elastic abdominal belt, which by its support to the abdomen seems to prevent vomiting and perhaps even to shorten the disease.

- (d) G. A. Stephens, M.D., B.Sc. Lond. (*Lancet*, December 3rd, 1899), in a number of cases syringed the ears night and morning with warm boric "lotion," or water, and painted the meatus with—hydrochlorate of cocaine gr. 23, glycerine 4 drachms, solution of perchloride of mercury m. 20, water to an ounce. "In every case the patient was benefited and the whooping cough was got rid of." He gives notes of eight cases which in a few days entirely lost the bouts of whooping cough, though in some bronchitis lasted for several days. His explanation is that the cough is an aural reflex from slight local inflammation of the meatus.

- (e) Mohn, of Norway advocates frequent disinfection with sulphur of the room occupied by the patient. He claims to have cut short the disease by this method.

Internally :—

Rest in bed is indispensable. Fever and cough are the distressing symptoms, hence use sedative expectorant as follows :—

R

Vin. antimonialis	m. j
Vin. Ipecacuanhæ	m. j
Sodii Benzoas	gr. ii
Sodii Bicarb	gr. v
Spt. Ammon aromatic	m. v
Aq. Anisi	ad. ʒ iv

mft. for a dose : sig. one every three hours.

2. Paroxysmal stage :—

Inhalation.—

(a) R

Essence of Turpentine	1 part.
Sulphuric Ether	4 parts.

(b) Amyl nitrite.

Mechanical :—

Immediate relaxation of glottis usually follows after dipping the child's hand into cold water. (*Allbutt's system of medicine, 1906, Vol. ii, p. 585*).

Internally :—

Writer's favourite formulæ :

(1) R

Antipyrine	gr. viii
Quinine hydrobromate	gr. xii
Tinc. Belladonna	m. xvi
Syr. Tolutanus	ʒ ij
Aq. Chloroformi	ad. ʒ iv

mft. put 12 marks : sig. one thrice daily.

(2) R

Tinc. Quiniæ ammoniata	ʒ ss
Ext. Ipecac. Liq.	m. ½
Sodii. Bromide	gr. ii
Syr. Chloral	m. xv
Aq. Anisi	ad. ʒ ss

mft. for a dose : sig. one thrice a day.

N. B.—Dr. Sticker recommends quinine hydrochloride gr. iss. three times a day to a child a year old, and twice as much to one two years old.

(*Nothnagel's Encyclopædia of Practical Medicine Hooping Cough*).

Dr. Norman Bridge recommends insufflations of quinine into the throat and nose.

(*Hare's system of Practical Therapeutics Vol. ii, p. 296*).

(3) R

Bromoform	m. xvi
Spt. Rectificatus	℥ ij
Glycerine	℥ xii
Tinc. Cardamomi Co.	℥ ij

mft. dose a teaspoonful to be given in an ounce of water every six hours.

V. B.—The last dose in the bottle may, owing to the weight and insolubility of the drug, contain an excess, no matter in what way it may be suspended.

This last dose therefore should be thrown away.

(4) Pertussin containing thyme is recommended by German physicians.

(5) Aristochin is beneficial in malarial cases ; dose being $\frac{3}{4}$ — $1\frac{1}{2}$ gr. for an infant of the breast.

The following is an extract from Ander's "*System of Medicine*."

The throat and nose are sprayed regularly with a mixture of equal parts of peroxide of hydrogen and glycerine. If there is any nasal discharge an ointment is applied to the nares every two hours, containing menthol, boric acid, and white vaseline. The tasteless tannate of quinine is given also in small doses, in solution to infants, and in chocolate tablets to children of four years and upwards. These are all ordered for their antiseptic effects. In addition, emulsion of asafœtida is given as an anti-spasmodic. This stimulating and anti-spasmodic expectorant is also carminative in action, so much so that it must be administered very carefully or else it will upset the stomach.

Symptomatic treatment.

1. *Excessive vomiting*.—

R

Cocaine Hydroch	gr. $\frac{1}{12}$
Syr. glucose qs.	

mft. for a pill : sig. one twice a day for a child of 1 year old.

2. *Constipation*.—

Castor oil emulsion is good.

3. *Excessive spasm*.—

R

Pot bromide	gr. ii
Chloral hydras	gr. i
Syr. simplex	℥ ss
Aq. Chloroformi	ad. ℥ ii

mft. for a dose : sig. one thrice a day.

N. B.—**Citric Acid in Hooping Cough.**—A 10 per cent. solution of citric acid in simple syrup is stated by M. Tilho to be a useful remedy in the treatment of pertussis. It is employed locally by swabbing the periglottic region of the larynx. It also proves to be an efficient prophylaxis against infection. He has succeeded in preventing the disease in many children living with others infected by this means, or merely by the administration of small quantities of citric acid lemonade. (*Boston Med. Jour. Surg.* cxxxviii., 626.)

3. **Convalescence.**

General tonic and change of air are recommended.

Hygienic treatment :—

Berguete strongly advocates the use of warm bath : room should be well ventilated.

Dietetic treatment :—

Milk and its derivatives, virol, albuminoids, meats and eggs.

The Journal of Practical Dietetics and Bacterio-Therapeutics May 1910 contains the following advices :—

“For children under 2 years of age only liquid food is advisable while the disease is at its height. Milk with barley or lime water, or peptonized milks, and chicken or calves’ feet broth are

suitable. Valentine's meat juice, Benger's food made thin, the yolks of eggs beaten up with milk. It is a good plan to give the food immediately after the paroxysm of cough when followed by vomiting, so as to insure time for its absorption before the next spell of coughing comes on.

Children over 2 years of age who are ill enough to be confined to bed may be allowed ordinary diet, eschewing indigestible articles or such as are likely to cause acidity, viz., raw fruit, nuts, and the like, farinaceous puddings, jam, and fruit. Children suffering from whooping-cough should be frequently weighed, because if there is no loss of weight the occasional vomiting of food does not matter."

SMALL-POX.

The treatment of Small-pox is divided under four groups
viz :—

- i. Preventive.
- ii. Hygienic.
- iii. Medicinal.
- iv. Dietetic.

1. Preventive :—

A. Personal—

1. Vaccination :—an outcome of Edward Jenner's steady labour; his name will live to the end of recorded time as one of the glories of British Medicine.
2. "Will force," (read my Article on Cholera).

B. General—

1. The Scales that are peeling off during the stage of convalescence are the very cradle of the germs. The Hindus of yore had discovered this and had formulated a practice which has turned into a religious rite of

collecting and burying the scales and thereby minimising the ravages of the disease ; a better practice will be to burn them in brisk fire and destroy the poison in situ.

How long the virus retains its infectiousness outside the body is not known.

(A system of medicine by Osler and McCrae, Vol. ii, p. 297).

For the safety of the community should the authority think it necessary not to allow anybody convalescing from Small-pox to mix with the public ? The patient is at this stage a living propogator of contagion: The macroscopic and microscopic scales float in the atmosphere and infect people through respiratory or digestive tracts. The writer has seen scores of cases travelling in train, tram car, or walking in the street without anybody objecting because of ignorance.

But we must not forget that ignorance is the greatest foe to the progress of humanity and to the profession at large. Ignorance is the enemy against which we must fight.

Plato had well said :—

“It is better to be unborn than untaught, for ignorance is the root of misfortune.”

As the authorities are taking a keen interest about Vaccination they should not turn a deaf ear to check the ravages of Small-pox by allowing the convalescent to mix freely with the public: The danger is two-fold : viz., it not only infects the people but renders one liable to the danger of heart failure as the heart becomes very weak.

In the year 1909 Small-pox spread like a wild fire and made a havoc throughout the length and breadth of Bengal.

The writer suggests the issue of printed pamphlets to be posted at every turn of the street to make the people understand about its gravity, to educate them and raise them from the platform of their ignorance, *viz.*, the contagion exists in dried scales, dust-like powders that hang in the surrounding atmosphere, secretions and excretions, and exhalations from lungs and skin, and thereby save them from drowning into the gulf of pox.

2. Burn scented aroma, sulphur morning and evening to scent the air.



II, Hygienic:—

1. Isolate the patient to a well-aired dry room; remove all furniture and utensils where dust-like powder may adhere and be the nucleus in future of other cases: When the patient is free from the malady disinfect the room especially the ceilings and corners with antiseptic solution, *e.g.*, phenyle or Hydrarg, perchloride sol. followed by a white wash.

2. Corresponding windows adjacent to patient's bed are to be kept closed to avoid draught.

3. Doors and rest of the windows should be kept open, but to be nicely screened with red clothes to cut-off the actinic rays of light.

N.B.—Of the seven colours of light, violet is the most active chemical ray while red is the least.

The chemical rays of light and malnutrition of the eruptions are the prolific source of pitting in small-pox; now if we allow light to pass through a red medium and supply proper food in the shape of soluble albumen as naturally present in cocoanut water to the cells of eruptions, I think we can nip pitting in the bud. The Hindus of even Adam's days have an idea about the properties of light; they design a goddess of small-pox called "Sitala"

painted red and dressed with red clothes : the object being to create a mental impression of a red substance in the canvas of patient's mind which has a full control over the body ; hence the combined influence both external and internal is scientific.

4. Clothes and bed sheets should be frequently changed.

5. Use plenty of essences to perfume the air of the room : the repugnant odour inhaled when stepping inside the room is indeed sickly.

6. Attendants and nurses should wash their hands, nose and mouth with some antiseptic lotions, *e.g.*, alkathymol or glycothymolin one drachm to one ounce of water; after being out from the sick room they should if possible change their dress before mixing with the public, as dust-like powder adheres to the clothes.

III. Medicinal :—

Most of the uncomplicated cases cure themselves without the aid of medicine. Rest, total submission to the will of the goddess of Small-pox "Sitala," plain milk diet and cold drink are the be-all and end-all of Hindu system of treatment. The less you medicate in these eruptive fevers the better will be the result.

Internally :—

1. Open the bowels by castor oil emulsion or by a luke warm soap water enema. Don't give powerful purgative which will do a world of mischief as the mucus lining of the gastric tract are tender, hyperæmic and even in patches swollen.
2. The following combination is an invaluable remedy.

R

Pot. chloras	gr. x-xv
Acid carbolic	m. i
Nepenthe	m. iii
Syr. aurantii	ʒss
Aq. aurantii floris	ad. ʒ i

mft. for a dose : sig. one every 4 hours upto 4 doses.

N. B.—If required give at night opium to soothe irritation and to induce sleep.

Treat the patient symptomatically :—

- (a) When nervous symptoms threaten to be predominant prescribe the following :—

R

Pulv. musk	gr. iss
Camphor	gr. i
Ext. Belladonna	gr. $\frac{1}{2}$

mft. for a pill sig one thrice daily.

- (b) When there is bronchitis, &c., add pulv. ipecac syn emetin, pulv. Scilla to the above pill.
- (c) When mælina happens to intervene, liq. adrenalin (1 in 1,000) ten drops in water every 4 hours upto 4 doses acts miraculously. The skin should be cleansed as much as possible by tepid sponging once a day.
- (d) The eyes to be carefully attended to; wash them daily with the following :—

R

Cocainæ murias	gr. ii
Acid Boric	gr. xvi
Aq. Distil	ad $\frac{3}{4}$ i

mft. for eye lotion : sig. to be used thrice a day.

- (e) Mouth and nose where eruptions may appear should be washed with alkaline antiseptic lotion. *e.g.* alkathymol, glycothymolin or formolyptol : one drachm to an ounce of tepid water five or six times a day.
- (f) Immerman advises the use of full doses of alcohol and quinine, especially in the period of suppuration.

(*A system of medicine by Osler and McCrae, Vol. ii, p. 299*).

Locally:—

1. Soak the papules constantly by lint with 5 per cent. carbolic lotion; the object being to anæsthesise, disinfect and deodorate the part.

Von Hebra recommends the frequent repeated application of moist cold, in the form of ice-water compresses or moist cold packs. It alleviates the discomfort and tension of the eruption.

(*Nothnagel's Encyclopedia of Practical Medicine, Variola*).

2. When the papules become pustular, remove the pus and dress as mentioned above; subsequently paint them with any of the following :—

R	Carbolic acid	3 ss	|	R	Ichthyol	10 Parts,
	Oil Olivæ	3 i	|		Vaseline	90 parts,
			|		it relieves itching, and prevent pitting: (Hoerschelmann and Koibassenko)	

3. When the scales separate themselves, moisten the part with cocoanut water constantly:

If scars have formed Dr. Unna recommends thiosinamin to be applied locally to remove Small-pox scars. It is also used in the treatment of keloid and leprosy.

IV. Dietetic :—

1. Plenty of milk. Asses' milk is said to be highly beneficial in these cases.
2. Plenty of cold drink to quench thirst.
3. Fruit Juice.
4. Solids are to be carefully avoided.

MEASLES.

Measles may be defined as an infectious febrile disease attended by catarrh of the respiratory passages and by eruption of minute papules.

For clinical purposes we divide it under two divisions :—

- i. Prophylactic.
- ii. Medicinal.

i. Prophylactic.

Prophylactic treatment is subdivided into.

A. Personal.

B. General.

A. *Personal* :— .

- (a) Personal intercourse especially in schools is the main factor in disseminating the disease.
- (b) Isolate the patient and keep him under observation.
- (c) One per cent. sol. of hydrogen peroxide is employed in an ordinary atomiser ; the spray is applied to the nose and throat.
- (d) Formamint tablet ; it is a chemical combination of formaldehyde and sugar of milk.

The timely application of formamint not only wards off infection, but has a most remarkable effect in checking sore-throat &c.

B. *General* :—

- (a) Cleanliness and ventilation are the two principal elements of treatment.
- (b) Compulsory notification is indispensable to prevent the ravages of the disease,
- (c) The prevention of complication, *e.g.*, broncho-pneumonia is the most important part of the treatment.
- (d) Keep the child in bed from the onset of symptoms till desquamation is over.
- (e) Guard the eyes by blue or green shades from light.
- (f) Avoid dust and smoke as they tend to increase the irritation of the mucous membrane.
- (g) Air of the room should be moistened artificially by the steam from a boiling kettle.
- (h) Windows of the room should be shaded by day to relieve photophobia.

ii. Medicinal treatment.

Locally :—

Cold bath may be allowed.

Sponging the body with tepid water and aromatic vinegar is good.

Internally :—

The disease will cure itself ; in mild cases there is no need of drugging the patient ; in severe cases the writer prescribes the following :—

(a) R

Liq. Ammon Citratis	5 ii
Spt. Ammon Aromatic	m. x
Sodii Bromide	gr. iii
Sodii Benzoas	gr. ii
Syr. Tolutanus	5 ss
Aq. Anisi	ad. 3 ss

mft. for a dose : sig. one every 4 hours.

(b) Alcohol is recommended.

When the eruptions are peeping on the skin the practice of swabbing the body from top to toe with a branch of ' Nore ' leaves, seems to me scientific ; besides any medical properties the leaves may possess, they stimulate beyond all doubt the peripheral nerve-endings and exert a tonic influence of causing the eruptions to appear in full swing.

During desquamation.—

Warm bath is recommended.

Antiseptic mouth washes.—

e. g., Alkathymol Glycothymolin, &c., are good.

During convalescence.—

The patient should be fed well, dressed warmly and guarded from draughts when perspiring. Change of air is recommended 3 or 4 weeks after the disappearance of the rash.

Treat the patient symptomatically :—

1. Cough should not be abolished, but softened by Ammonia.

2. When there are symptoms of suffocation cold baths are useful.

3. In hæmorrhagic case the writer recommends—

R

Liq. Adrenalin Hydroch 1 in 1000.

Drop doses every 2 hours for a child of five years old.

4. In hyperpyrexia warm baths are recommended.

5. In broncho-pneumonia warm bath or foot bath after rubbing the sole with warm mustard oil, is highly beneficial.

6. In collapse diffusible stimulants are demanded ; injections of camphorette oil are valuable.

Writer's favourite formulæ—

R

Musk	gr. $\frac{1}{2}$
'Mukaradhaj'	gr. $\frac{1}{2}$
Pulv. digitalis	gr. $\frac{1}{2}$

mft. for a pulv : sig. one every 4 hours for a child of five years old.

7. Laryngitis demands warm steam sprays in the room.

8. Ear complications should be forestalled by warm instillations into the ears.

9. Of internal remedies for cases marked by cerebral excitement none is superior to antipyrin.

(*Twentieth Century Practice of Medicine*, Vol. xiv, p. 169).

Hygienic treatment :—

Isolation in a moderately light room, with plenty of fresh air, daily spongings and changing of the clothes, washing the eyes with a mild boric acid lotion, and cleansing of the nose,

throat, mouth and vulva are strongly recommended by Halle in *La Presse Medicale*.

The child should remain about ten days in bed.

Dietetic treatment :—

Diet should be bland and purgatives avoided, since diarrhœa is a frequent symptom due to the presence of eruptions inside the alimentary canal : Castor oil emulsion is best during constipation.

INFLUENZA.

Influenza is an acute contagious disease caused by a specific bacillus, and occurs in wide-spread epidemics.

The classical symptoms are:—

1. Sudden onset.
2. Headache.
3. Ache and pain in bones.

These symptoms pass over within 2 or 3 days.

4. Tongue tremulous, large indurated by teeth and uniformly coated with thick fur.
5. Pulse 80 to 90 though fever is high.
6. Fever runs for 3 to 4 days.
7. Drenching sweat after 2 or 3 days.
8. Occasional rigors.
9. Dry cough ; sharp sticky rales are audible at the base of the lungs.
10. Corneal symptoms.

The mode of invasion of influenza, is believed by some authorities to be :—

- (i) through the alimentary canal with the inspired air.
- (ii) through the respiratory tract.
- (iii) through the conjunctivæ.

Treatment of Influenza.

Dr. Brainerd says "Nature, left to herself, cures grip with a sweat and a diarrhœa."

If that is **Nature's Method**, it should be ours.

Physician should bear in mind the following points, *viz.* :—

1. Glands are inactive throughout the body ; *e.g.*, tongue is heavily coated, bowels are constipated, and the skin feels hot and dry.

Calomel combined with sodium bicarbonate will stimulate the glands in the mucus membrane lining the alimentary canal and act as a cholagogue assisting the body in casting off retained waste-products and establishing free portal circulation.

Prof. Hare remarks that calomel is absorbed in our system by one-sixth of a grain.

R	Hydrarg. subchloride	gr. $\frac{1}{2}$
	Sodii Bicarb.	gr. ii

mft. for a pulv. sig. one every hour till bowel is opened.

2. Stimulate the sudoriferous glands and relax the skin.

Shoemaker M.D., LL.D., recommends dover's powder which will act as a sedative to the bronchial mucous membrane as well as an antipyretic.

Hence a good dose of Pulv: ipecac et opii at bed time is efficacious.

The writer recommends the following:—

R	Ammon Salicylas	gr. v
	Spt. ammon aromatic	m. xx
	Sodii Bromide.	gr. x
	Syr. aurantii	ʒ i
	Aq. Chloroformi	ad. ʒ ss

mft. for a dose : sig. one every 3 hours.

The consensus of opinion that influenza should be treated by warmth is nearly unanimous.

(*Nothnagel's Encyclopedia of Practical Medicine, Influenza number, p. 697*).

Hot foot bath is very efficacious.

Rub the sole of feet with warm mustard oil for 10 minutes, then dip them in luke warm water for 5 minutes; it induces sleep and alleviates bronchitis.

Inhalation of steam with Tinc Benzoin Co. or spray of hydrogen peroxide sol. inside the throat is recommended.

Oil of Eucalyptus has been for a time regarded by the English as a panacea for influenza, and the floors of rooms, &c., have been frequently flooded with eucalyptus.

(*Twentieth Century Practice of Medicine Vol. xvi, p. 346*).

During later stages drachm dose of Tinc. quinine ammoniata every three hours is beneficial.

DIPHTHERIA.

Diphtheria is a contagious disease, characterised *anatomically* by a membranous exudation on the fauces due to the Klebs-Löffler bacillus and *clinically* by

(i) *Rise of temperature.*

The height of the temperature is no guide to the severity of the disease.

(ii) *Sore throat.*

The false membrane at first appears as one or several small white patches on the tonsils or uvula, and spreads subsequently very rapidly.

- (iii) *Tenderness and enlargement of the glands at the angle of the jaw.*
- (iv) *Albuminuria.*
- (v) *Vomiting.*
- (vi) *Paralysis.*
- (vii) *Eruptions.*

For practical treatment we divide it under two subdivisions :—

I. Prophylactic.

II. Medicinal.

1. Prophylactic :—

- (i) People suffering from sore-throat should avoid cold, chilly wind, and dampness of soil.
- (ii) Live in up-storied dry room.
- (iii) Boil milk thoroughly before drinking.
- (iv) Avoid sick animal specially cat.
- (v) All articles that are used should be sterilised.
- (vi) Kissing children by sick person is strictly prohibited.
- (vii) Prophylactic inoculation is in its infancy, and its effect lasts only for about three weeks.

II. Medicinal :—

The main indications are :

- (i) To neutralise the toxin in the blood.
- (ii) To inhibit the local process.
- (iii) To strengthen the constitution to resist the disease.

(i) *Injection of anti-diphtheritic serum.*

What is antitoxin ? This is a very difficult question to answer. Behring believes that it is a proteid, and that the " antitoxic proteid bodies are carried into the blood from such cells as, during immunization from tetanus or diphtheria toxin, undergo alterations of

their actual and potential qualities." Others, however hold different views. All we know at present is, that it is a soluble substance and that it renders the toxin inert.

500. Units of anti-diphtheritic serum should be injected into the skin of buttock or flank after the diagnosis is made; after 12 hours another injection of 500 units, and a third injection after further 12 hours.

In favourable cases the swelling of the fauces subsides, the membrane begins to disappear, the temperature falls down, the pulse becomes slower and the general condition of the patient improves in every way within twenty four hours. The earlier the cases come under treatment the better are the results.

Among the untoward effects of injection are:—

- (i) Local abscess.
- (ii) Diffuse erythema.
- (iii) Urticaria.
- (iv) Albuminuria.

The beneficial effects of the treatment are seen in the great reduction of the mortality from the disease.

(ii)A. *Paint the throat well with any of the following:—*

(a) R

Formaldehyde	10 parts
Glycerine	10 parts
Aq. Distil	80 parts

(b) R

Acid Trichlor. acetic	gr. xx
Glycerine	ʒ ii
Aq. Distil	ʒ ii

B. *Spray inside the throat by means of a parolene atomiser any of the following:—*

(a) Hydrogen peroxide solution.

(b) R

Papain : (Finkle)	℥ ii
Hydro-naphthol	gr. iii
Acid Hydrochloric (Dil.)	m. xv
Aq. Distil	℥ iv

C. (a) *Inhalation of medicated vapour of Tinc. Benzoin Co.* serves the purpose of internal fomentation. The air of the room should be saturated with this vapour.

(b) Inhalation of oxygen when dyspnoea occurs.

(c) Juice of pine apple is said to dissolve the false membrane.

(d) When the patient is in a very bad condition give one drachm of Vin. Ipecac to induce vomiting; the membrane may be out during the act of vomiting.

(iii) *The following are the ideal prescriptions:—*

(a) R

Pot. chloras	gr. i
Quinine Hydroch	gr. ½
Syr. Ferri perchloride	m. xx
Spt. Chloroformi	m. ij
Aq. anisi	℥ ij

m.ft. for a dose : sig. one thrice a day.

(b)

Liq. Strychnine Hydroch	m. ½
Vini Gallaci	m. xx
Tinc. Cardamom Co.	m. ii
Aq.	ad ℥ ij

m.ft. for a dose : sig. one thrice a day.

Treat the patient symptomatically:—

1. Threatening paralysis of diaphragm can be cured by small does of belladonna; it should be pushed on till its physiological actions ensue.
2. Bowels should be opened by enema; don't give aperient.

3. Vomiting is checked by brandy and iron.
4. Threatening collapse may be overcome by.

R

Lig. adrenal chloride (1 in 1000)	m. v
Aq. Camphoræ	3 j

mtb. for a dose : sig. one every 4 hours.

Dietetic Treatment :—

- (i) Milk and its derivatives.
- (ii) Sanatogen.
- (iii) Allenbury's food No. 1.
- (iv) Palatable peptone or panopepton.

Hygienic Treatment :—

Rest in bed is indispensable ; room should be made dark, but must be well ventilated. Massage and electricity are to be used gently.

TETANUS.

Tetanus is an infectious disease characterised by paroxysms of tonic and sometimes clonic spasms due to the *inoculation* or *idiopathic* infection of the 'pin-head' and "drum-stick" bacillus of Kitasato whose chief habitation is the earth, and especially horse manure.

The classical symptoms are—

1. Stiffness of the Jaw and back of the neck.
2. Tonic rigidity affecting all the muscles of the trunk
 hence opisthotonos (*i.e.*, arching of the trunk backwards), emprosthotonos (*i.e.*, bending in the opposite direction), pleurosthotonos (*i.e.*, bending one side) and locked-Jaw in which the teeth can not be separated.

3. Clonic spasms in which the already rigid muscles become more contracted with agonising pain.
4. The temperature rises during the paroxysms.

The disease is caused by a bacillus which has a life circle of its own ; hence we can not root out the disease all at once. we should try to alleviate the particular symptoms such as the spasm ; and the drugs, employed to modify the progress of the malady have often done more harm than good.

The virulence of spasm has been abated by the following :—

(i) Inhalation of chloroform during fits of spasm.

(ii) R

Chloral hydras	gr. x
Pot. Bromide	gr. xxx
Aq. Aurantii floris	ad. ʒ j

mft. for a dose : sig. one every 3 hours if unable to swallow, give an enema of the above :—

iii. Morphin·sulph gr. $\frac{1}{4}$ hypodermically.

iv. Hutchings in the *Annals of surgery for July 1909* recommends 30 grains of chloretone dissolved in half a glass of whisky, sleep follows in a few minutes with natural relaxation.

If the patient be unable to swallow, 30 grains of chloretone dissolved in hot olive oil is to be given per rectum and retained.

Anti-toxin treatment :—

100 c.c. of the antitoxin should be injected within 24 hours, at different sites, in five doses.

If there be no improvement next day, give it again, and continue with daily injections of about 20 c.c.

Antitetanus dusting powder (P. D. & Co.,) is of great value in India, as a prophylactic in treating wounds. It consists of equal parts of chloretone and dried Antitetanus serum. It is applied as a dry dressing to wounds ; the moisture of the

wound dissolves the dry antitetanus serum, and liberates its antitoxic properties. "In what manner the antitoxin is produced, whether by the toxin stimulating the cells or other tissues of the body to its formation, or by any change, such as an increased oxygenation, which the toxin itself undergoes, or from the disintegrating bodies of the exhausted or dead bacteria or by what other process, is not clearly known.

It seems to act, like the toxin, as a ferment. Thus we have in the blood, at the same time, the two ferments—the poison and its antidote, the toxin and the antitoxin—the one leading to the production of the other"—*Allbutt's system of Medicine Vol. 1 Page 787*.

Dietetic treatment:—

The administration of nutrient is the only hopeful treatment; feed the patient well with port wine, beef tea, eggs, peptonised milk, sanatogen, panopepton and palatable peptone.

Hygienic treatment:—

The patient should be kept quiet, and protected from cold and from all draughts and other external irritants.

SEPTICÆMIA.

Septicæmia is an infective disease due to inoculation with pathogenic organisms which multiply in the tissues or escape into the circulation.

The physician should bear in mind four cardinal points as mentioned in erysipelas.

Writer's favourite formulæ:—

R. 1.	Quinine hydrochloride	gr. iii
	Tinc : ferri perchloride	m x
	Liq : strychnine hydrochloride	m. iii
	Liq : Arsenic hydrochloride	m. ii
	Glycerine	m. xv
	Aq. chloroformi	ad. ʒ j

mft for a dose, sig. one thrice a day.

2, Open bowel by effervescent. Mag. Sulph mixture.

It should be administered early in the morning when constipated.

The infection may be—

- i. *Local*, e.g. boil or carbuncle.
- ii. *General*, e.g. some cases of anthrax.

Boils and Carbuncles.

The pathological explanation of these clinical features is as follows :—

The *Staphylo-coccus aureus* having found its way into the hair follicle develops along the hair until at a point deep down in the follicle it forms a colony. As a result of the presence of this growing colony of staphylococci a violent reaction of the tissues takes place, large numbers of leucocytes are hurried to the spot, the normal structures immediately around the colony become choked, they die, and are separated from the surrounding tissues, forming a slough, in the centre of which is the colony of staphylococci. Around and in the slough is the barrier of phagocytic pus cells. In this way the invading microbes become cut off from the rest of the tissues, and finally are cast from them *en bloc*.

In the treatment of Boils, carbuncles etc, attempts should be made :

1. To destroy directly the causative Cocci by the hypodermic injection of antiseptics e. g. Carbolic Acid with marked success.

2. To stimulate the natural fighting powers of the invading tissues by hot fomentation or Vaccine inoculation. When we use a hot application or vaccine inoculation for these eruptions we are stimulating the powers of reaction of the invaded tissues, and by attracting more blood to the part we are increasing the amount present locally of those substances which the body

manufactures for the destruction of the micro-organisms, or for their preparation for destruction by the pus cells, namely, the substance which Wright has called "opsonins."

A carbuncle differs from a boil in that —

1. It is larger and flatter.
2. It involves not one, but many pilo-sebaceous follicles.
3. It tends to spread peripherally and not by invasion of follicles at a distance.

For practical purposes we divide the medical treatment of Carbuncle, Boil, etc, under two divisions :—

1. Local.
2. Internal.

Locally :—

1. In quite early lesions paint the part with Collodion.
2. Injection of Carbolic Acid, one or two drops into an early boil.
3. The following is certainly a reliable therapeutic fact. If fresh peroxide of hydrogen be injected freely and thoroughly into any carbuncle, once every day, it will certainly destroy it. Each time the carbuncle, is thus cleansed, a compress of absorbent cotton, saturated with a fifty per cent. solution of the peroxide, should be laid over the carbuncle, covered with oiled silk, and retained with a light bandage. I do not find that any other treatment than this is required. (*Marsh Ellingwood's Therapeutist.*)
4. Hot boric compress every 2 hours, followed by formedine dusting; cover the part with oiled silk followed by bandage.

or

After washing the wound with the following :—

B.	Perhydrol (Merck's)	1 part.
	Aq.	9 parts

mft. sig. 3 per cent. Hydrogen Peroxide.

A thin layer of Afermol (a powdered animal blood serum prepared according to a special process) is dusted on the part and the whole is covered with a suitable dressing. It is indicated in the treatment of suppurating superficial wounds and open cavities.

Substitol is indicated in the treatment of recalcitrant or badly granulating wounds and burns to encourage the healing process in skin graft, etc. After washing the wound with a 3 per cent. hydrogen peroxide solution (Perhydrol 1; Water 9), a thin layer of Substitol is dusted on the part and the whole covered with a suitable dressing. The use of Substitol is contra-indicated in the presence of suppurative processes.

Pack the wound with Stypticin Gauze 30 per cent. (Merck's) if bleeding is profuse.

- 5 Bier's treatment by means of a specially constructed "Suction-glasses" has been highly extolled in the treatment of boils, etc.
6. A pledget of cotton soaked in carbolic glycerine is applied to the boil and covered with guttapercha tissue and a bandage. As soon as pus shows, the epithelium is gently turned back and the glycerine reapplied. As soon as a slight cavity appears some of the glycerine is gently inserted by means of a simple glass syringe, and again the poultice of glycerine is applied. In 2 or 3 days the slough separates,

N. B.—**Substitol** and **Afermol**, two preparations obtained from blood, have been introduced into materia medica by Dr. Salo Bergel and are intended to promote the healing of wounds by assisting the natural processes at work in the injured parts

and after one final poultice of glycerine the cavity speedily closes, with a minimum of scar under any simple dressing.

hygroscopic action of the glycerine relieves the tension—the cause of the pain—very speedily, and it needs never recur.

Glycerine treatment was first advocated by Dr. John Duncan of Edinburgh. O. Ward (*B. M. J.* 19th June 1909.) recommended it with modifications.

7. Wright's method of vaccine inoculation. Begin with 100 millions of staphylococci injections, and give a second dose of 200 millions or more after an interval of 3 or 4 days.

Stock vaccines of staphylococcus aureus or of mixed cultures may be used.

It is to be injected beneath the skin of the arm or of the back.

8. The writer recommends poultice of "Pulv. Saphonis and "Akoghur."

Yeast fermentation is said to take place which is lauded to be beneficial.

Yeast has been recognised for centuries to possess certain "blood-purifying" properties.

In truth the employment of yeast for this purpose belongs rather to domestic medicine and savours of "Old women's lore."

Internally :—

1. Ringer recommends Calcium Sulphide in the treatment of boils.

Tabloid Calcii Sulphide gr. $\frac{1}{2}$ or tabloid Calcii Co. is the best preparation for administration.

Calcium sulphide usually is indicated in the case of skin eruptions due to the absorption of toxins from putrifying food retained in the alimentary tract. Back in the dim past the parasiticial value of sulphur was known. Calcium sulphide liberates sulphureted hydrogen in the blood and acts as a germicide there.

2. Brocq : of Paris recommends yeast for boil etc.

Dose a teaspoonful of fresh brewer's yeast 3 times a day in water at the beginning of a meal.

3. Ceridin pill : Dose one to three, thrice a day.

4. Sulphuric acid (Dil.) m. xx. thrice a day, is said to be efficacious (*British Med. Journal* 15th August 1908.)

Dietetic treatment.

The presence of an excess of uric acid in the organism is believed to be one of the determining factors in the production of furunculosis, and in view of the fact that animal albuminoids contain a much larger proportion of nuclein, which is the principal source of uric acid in the economy, than albuminoids of vegetable origin. The *regimen* Dr. Guinsbourg, of Kharkow recommends is not rigidly vegetarian since he allows eggs and milk in addition to vegetables and fruits, with occasionally some lean fish in order to impart variety to the dietary. Avoid stimulants.

Anthrax.

This is a fatal epidemic specific septicæmia caused by the *bacillus anthracis*. It is prevalent amongst herbivora.

Anthrax in man is always the result of inoculation through a wound or inoculation of the skin, and is always derived from the anthrax of domesticated animals *e.g.* horses, cattle, sheep and goats. Anthrax is the only disease in which skin, hair and wool are capable of transmitting the infection to man.

It is frequent among tanners, saddlers, shoemakers etc.

Treatment—Before Sclavo published the results of his trials of serum-therapy, the treatment usually recommended in cases of external anthrax was excision of the necrotic patch and of the infiltrated tissues around, followed by the application of pure carbolic acid or the actual cautery. Since 1899 several cases have been treated successfully in Italy with serum alone, and during the last few years this method of treatment has been carried out in England, combined with excision or alone. Since 1905 nine cases of cutaneous anthrax were treated in the General Infirmary, Dewsbury: in four cases the pustule was excised and serum was injected; one case was treated with serum, and three with injection of carbolic acid solution, and four cases with serum alone. During the same period three cases were treated by private practitioners in Dewsbury, in two cases the pustule was excised and serum was injected: one case was treated with serum alone. Of the 12 cases one was fatal—8·3 per cent.

Muskett (*A system of Medicine, Osler and Mc Crae vol. iii page 51*) regards powdered ipecac, as having a specific action, using it as a dressing and also giving it internally.

Vaccine and Serum Therapy comp. 1

A **vaccine** is a fluid suspension of dead bacilli which are cultivated from the bacillus causing the disease that is to be treated. The culture is afterwards sterilized by heat and diluted so that it contains a definite number of killed germs per c c.

A **Serum** contains in itself the antibodies which are necessary either to destroy the bacilli themselves or to neutralise the toxins they have produced.

General principles of Vaccine Therapy.

In localised bacterial infection *e.g.*, furunculosis, erysipelas, etc., the physician should stamp in his mind the following golden rules:—

1. To elicit the required immunising responses.
2. To bring the antibacterial agents (phagocytes and antibacterial bodies) which circulate in the blood into the very focus of infection.

The former can be called forth by the hypodermic inoculation of bacterial vaccines (either *autogenous* or *stock*), the latter by yeast-nuclein, nucleic acid, etc., (*vide page 9.*)

Hollister, says on the subject of bacterial vaccine:—"There are four main resisting forces in the blood against bacteria and their toxins: bactericidal bacteriolytic, agglutinating and phagocytic."

The organism has two ways of resisting invasion by micro-organisms:—

1. By the specific action of the blood-serum, which may be natural or acquired.
2. By phagocytosis.

The blood has no bactericidal, bacteriolytic or agglutinating power on the strepto: straphylo: and pneumococci, and while it has some agglutinating power on tubercle bacilli, it has no bactericidal or bacteriolytic power upon them. The organism therefore must depend almost entirely upon phagocytosis for its defence against the above bacilli.

It is a well-known fact that we all have within us an inherent power, called immunity, that resists disease. The better the blood, the greater is the immunity. It has been stated that the fasting person cannot catch disease, because his blood has a higher resisting power. In furunculosis, erysipelas, subcutaneous

injection of *leucocyte extract* from 5 to 20 c. c. gives brilliant result (*American Journal Med. Science April 1909*).

Dr. Corner in the *clinical Journal June 15th, 1910* recommends rest, hot dressing, passive congestion and an incision in all septic cases, and gives an unfavourable opinion regarding vaccine treatment.

It has been well said that auto-intoxication is just as truly a surgical subject and belongs to this realm as much as it does to internal medicine. The sudden suppression of the sweat is likely to force these "normal" toxic materials back upon the blood, and the stress of their elimination must then necessarily fall upon other eliminatory organs with such possible or probable results as nephritis pneumonia, and other excretory inflammations.

(*Twentieth Century Practice of Medicine Vol. xv. page 628.*)

The fountain head of energy for all the functions lies in the nerve centres; and by controlling emanations from this source of power, the vital forces will be propagated, with regularity and uniformity, to all the remote parts of the physical organization.

ERYSIPELAS.

Erysipelas is an acute inflammation of the epidermis due to the presence of one of the organisms of the streptococcus class, of which the *S. pyogenes* is the most frequent example; hence erysipelas is not in the true sense of the term, a specific disease, since it may be produced by a variety of organisms and these organisms are capable of producing other diseases in other parts of the body.

There are two types of erysipelas, traumatic and idiopathic.

It has been suggested that persons with chronic coryza and a tendency for fissures to form about the nostrils and lips,

affording a point of entrance to the micro-organism, are particularly prone to erysipelas.

(*Nothnagel's Encyclopædia of Practical Medicine, Erysipelas*)

Classical symptoms are :—

1. Rigor followed by a rise of temperature
2. Local abrasion if any, becomes hyperæmic. The neighbouring skin is, hot, smooth, tense, and cedematous. The superficial layers of epidermis may be lifted as small blebs.
3. Cervical lymph-glands are swollen.
4. The temperature keeps high without marked remissions for four or five days and then defervescence takes place by crisis.

For practical purposes the treatment is divided as :—

- i Medicinal.
- ii Dietetic
- iii Hygienic.

i Medicinal treatment :—

The physician should bear in mind the following points :—

- (a) To keep up the strength of the patient by stimulants and nourishing diet.
- (b) To subdue symptoms by antiseptics, tonics, &c.
- (c) To neutralise the toxin by subcutaneous injection of polyvalent serum.
- (d) To dress the part locally with some of the time-honoured remedies :

Internally.—

Writer's favourite formulæ.

R

Quinine hydrochlor	gr. ii
Pot : chloras	gr. v
Tinc : ferri perchloride	m. xv
Glycerine	m. x
Aq : Chloroformi	ad. ʒj

mft. for dose : sig : one every 4 hours :

2. Vini : gallici two ounces in 24 hours :

3. R

Camphor	
Acid benzoic	āā. gr. i

mft for a pulv : to be given in capsules and taken every two hours.

4. Ecthol is " the ideal corrector " of depraved conditions of fluids and tissues, anti-purulent, anti-suppurative and anti-morbific in the internal and external treatment of septic and infective processes. Dose one teaspoonful four times a day.

Locally :—

1. Ecthol is a valuable application over erysipelas, etc.

2. Tucker in the *Therapeutic Gaz* : June 15, 1908 recommends compress of saturated sol : of mag ; sulph : oiled silk is spread over the dressing. The dressing should not be removed oftener than every twelve hours, and the infected area should not be washed while this treatment is being carried out.

Relief is often experienced within 24 hours and the symptoms subside within 3 days :

3. Carbolic collodion painting as recommended in *Munich med woch.* March 10th, 1908, is efficacious.

R

Acid carbolic	6 parts
Collodion :	100 parts

mft. to be painted on the affected parts and for about two fingers' breadth beyond.

4. Dr. Lucien C. Davis. M. D. (*Monthly cyclopædia and Medical Bulletin May 1909*) recommends.

R

Acid carbolie	3 parts
Spt. camphoræ	6 parts
Alcohol	1 part

It readily penetrates the entire skin, destroys the infection promptly, and leaves no scars, nor causes any pain.

The camphor prevents the burning effect of the acid and counteracts any that may be absorbed into the system. The alcohol does the samething. This sol : must be freely applied with a cotton sponge to the infected area, and fully an inch beyond the line of demarkation.

The application varies from one to three within 24 hours.

N. B.—The very first application causes an intense reddening of both the healthy and diseased skin ; but this is not to be feared. If the skin is uncomfortably hot or dry cover the infected area with gauze wring out of cold sterile salt solution.

Writer's favourite formulæ :—

(a) R

Tine : ferri perchloride	ʒ ii
Glycerine	ʒ v
Liq : hydrarg perchloride	ʒ j

mft. Paint the part with a pencil of cotton locally.

(b) R

Ichthyol :	ʒ iv
Glycerine.	ʒ iv

mft apply it thick over the swollen part

The Serum treatment of erysipelas :—

Anti-streptococcus serum is in its infancy. Dr. Marsden considers that large doses upto 100 c. c. are to be injected to get the desired benefit.

A. D. Dryfoos, M. D., of New York, writes in *Merck's Archives* for November, 1908: "There is no doubt that the only rational therapy of septic infections consists in the use of antitoxic serum. The failures show that, aside from the question of difference in virulence of various strains of cocci, there are several distinct species, each one capable of combining only with the specific antitoxin. The objects have been met, in part at least, by the production of so called polyvalent sera. Quite a number of cures have been reported with such sera. The following case is of interest, as it tends to substantiate their value in streptococcus infections.

"The patient first complained of rigidity and tenderness of the muscles of the neck. On examination it was found that the lymphatic glands were enlarged and tender. Within twenty-four hours the swelling and tenderness increased markedly on the right side at the angle of the jaw. There was now great pain and difficulty in swallowing. At the end of another twenty four hours these symptoms had increased until the patient presented a septic appearance with a high remittent temperature. A diagnosis of deep-seated cellulitis of the neck was made. On incision a few drops of pus were obtained, but no abscess cavity was discovered. Later the characteristic erysipelas rash appeared at the margin of the wound and extended over the right side of the face. It was decided to check the process with an injection of antitoxin, and antistreptococcus Serum of Parke. Davis & Co.'s manufacture was employed. Immediately there was a fall of temperature. A second injection was made, and the patient made a rapid recovery."

N. B.—Tyrrell Gray (*Lancet August 1st, 1908*.) considers local applications of secondary importance and uses by preference *Metchnikoff's serum* combined with internal administration of quinine and stimulants.

The injections should be given until the temperature falls.

Local measures are confined to dusting the parts with a powder consisting of equal parts of Calomel, Zinc oxide and starch.

Treat the patient symptomatically :—

1. Hyper-pyrexia :—

- (a) Ice over head : put plenty of ice bits and common salt into an ice-bag and squeeze out the air before the application of screw cork ; first place an oiled silk evenly over head, secondly apply ice bag over the oiled silk the object being to have the advantage of cold without water.

There is a formation of dews over the outer surface of the ice bag which may wet the head constantly.

- (b) Tepid sponging with aromatic vinegar.

N. B.—The writer is against the use of antipyretics of coal tar series (phenacetin, antipyrin) to subdue high temperature.

2. Insomnia :—

Bromidia acts admirably well.

ii Dietetic treatment :—

1. Hot milk every now and then.
2. Panopepton, palatable peptone.
3. Soups, chicken broth.

iii Hygienic treatment :—

Isolation should be strictly carried out. A practitioner in attendance upon a case of erysipelas should not attend cases of confinement.

The room should be well ventilated and well bathed with sun light.

LEPROSY,

It is now admitted on all hands that leprosy is caused by a bacillus, that it is contagious especially during its ulcerative stage and is inoculable, that it is diffused by hereditary transmission and that the home of the disease in India so to speak embraces that part of dry laterite tract of Bengal encircling Birbhoom, Bankura, Midnapore and Orissa coast.

Mixture of Sawtali and Bengali blood, poverty of food e.g. coarse rice, little vegetable and scanty fishes and blood degeneration caused by syphilis are the predisposing causes of this fell disease

Annually hoards of the victims are swept away from this land of mortals. Are not myriads fallen as prey under the clutch of this hideous malady and why? It is the negligence on the part of our educated selves to turn a deaf ear to the gravity of the evils of leprosy.

In Bengal the practice of segregation is very meagre; the number of leper asylums can be counted on finger's end. In a town like Calcutta one will find on a fine afternoon numerous lepers begging by the street without a human soul raising a voice for their depraved degenerated and deplorable condition. The danger is two fold; during ulcerative stages the lepers are living propagators of the contagion and thereby may infect the public. Do not their loathsome disease with lifelong suffering and inability to do the work, appeal to human sympathy? In the day of Victorian era when we call ourselves civilised, there is a reciprocal degeneration in the moral aspect of our lives———a dying race according to the version of one of the writers of the days. Let a philanthropist come forward and raise subscriptions from the rich and the poor alike for erecting several suitable asylums for our poor brethren. a condition in which you and I, may be the victim at any moment by the Providential will. Boycott the disease as far as practicable from the community by proper segregation and insolation, and stamp

his name in the annals of Indian history as a philanthropist who has tried to do one of the duties of life.

“Labour conquers all things” says the proverb: so long as the laws of nature require that mankind shall work, man shall “earn his bread by the sweat of his brow,” the necessity of doing good work is of the first importance.

There were three types of leprosy *viz* :—

- (1) Anæsthetic.
- (2) Nodular.
- (3) Mixed.

For clinical purpose the treatment of leprosy is divided into 2 groups :—prophylactic and palliative.

i Prophylaxis : -

1. Isolation.
2. Occlusive dressing to the cutaneous and mucous membrane wounds.
3. Disinfection of excreta, linen clothing, all soiled objects and infected habitation.
4. Avoid dry salted fish.

Prof. J. Hutchinson’s fish theory has some truth in it.

5. Lepers should not engage in the sale of food, or in such occupation as those of barbers and washerwomen.

Morrow in his article on Leprosy in “*The Twentieth Century Practice of Medicine*” writes that a very large majority are of *de novo* origin.

II. Palliative

- A. Medicinal.
- B. Hygienic.
- C. Dietetic.

A Medicinal treatment :—*Externally :—*

1. Apply slaked mud paste over the affected part and expose it to the sun for half an hour, then wash it with coal tar or 20 % Carbolic Soap, subsequently rub any of the following :—

Writer's favourite combination :—

R

(a)	Acid Salicylic	gr. xv
	Ichthyol	3 ss
	Hydrarg oleatis (10 per cent.)	3 ss
	Zinc : oleatis	3 ss
	"Neem" oil	ad. 3 i

(b) "Chaulmoogra" oil.

(c) "Gurjun" oil.

(d) *Unna Specific Ointment*

R

Ichthyol	5 per cent.
Salicylic Acid	2 per cent.
Pyrogallol	5 per cent.

N.B.—Toxic effects are counteracted by the administration of dilute hydrochloric acid.

2. Dr: Thin in *British Med. Journal May 1901* recommends 5 per cent. Pyrogallol acid ointment to be applied to the affected parts.
3. Prof. Muller in the *Therapist* 1899 recommends external application of Chinosol.
4. V. G. Heiser recommends the application of the X rays.
5. Dr. Besnier regards a long course of Electrogalvanic cauterization as a certain means of reducing leprous nodules.

Internally :—

- I. During inflammatory stage the combination of antimony and arsenic answers well.

R

Sodii arseniatis :	gr. $\frac{3}{4}$
Jame's powder :	gr. ii

mft. for a pulv : sig. one thrice a day after meal.

2. If there be a history of syphilis, arsenic Iodide is best.
3. Give chaulmoogra oil m. v-x in capsule ; or pour it over warm milk : aftertaste is removed by sucking lemon ; stop the medicine if there be symptoms of gastric irritation.

Dr. Kupffer advocates the use of antileprol a purified form of Chaulmoogra oil. Dr. Engel Beg in a lecture recently delivered before the Society of International Medicine, at Cairo, gives particulars regarding the use of this preparation. Antileprol does not cause gastric disturbances, the usual dose being 7,12 or 15 grs : to be given preferably in capsules thrice a day after meal. If given in liquid form it may be added to a flavouring infusion, or taken with hot milk.

4. "Gurjan" oil.
5. Strychnine Sulph. gr $\frac{1}{4}$ tabloid thrice a day when there is nervous prostration.

N. B.—Dyer in *Medical News July 1905* expresses his opinion about the curability of the disease and advocates the undermentioned plan of treatment :—

- (a) Baths twice a day with or without soda.
- (b) Strychnine essential.
- (c) "Chaulmoogra" oil three drops thrice a day to be increased up to two drachms.
- (d) Treatment must be pursued for six months.

Tuberculine treatment is under trial :—

Treatment of leprosy by Nastin:—

Nastin is a fatty substance extracted from cultures of *Streptothrix leproides* by Drs Deycke and Bey. It appears that injections of Nastin, in combination with Benzoyl Chloride (2 per cent solution), arrest the disease, and in some cases effect a cure. The Benzoyl Chloride acts as a solvent for the Nastin; the latter attaches itself to the bacilli, and the combination kills the bacilli, by depriving them of their fatty contents, thus leaving them an easy prey to the tissue elements of the body.

The lecture is printed *in extenso* in the *British Med. Journal of April 4th 1908*. Hence we come to the conclusion that Benzoyl Nastin is an agent which directly acts on lepra bacilli: benzoyl removes the fat of the bacilli, while Nastin attaches itself to the lepra bacilli.

Captain William has tried nastin in leprosy, the result of which appears in the *Indian Medical Gazette Nov. 1909*.

		<div> <div></div> <div>Nastin Bo</div> <div>Nastin B 1</div> <div>Nastin B 2</div> </div>					
Case	...	Bo	...	B1	...	B2	time.
Anæsthetic	...	3	...	41	...	22	18th June 1908 to 31. July 1909
Tubercular and Anæsthetic	}	0	...	54	...	11	Do.
		6	...	45	...	50.	Do.
Anæsthetic		37	...	13	...	0	24th Dec. 1908 to 31st July 1909
Tubercular.		0	...	25	...	5	19th Jan. 1909 to 31st July „
Do		0	...	26	...	17	30th Jan. „ to 31 July „

Case	...	Bo	...	B1	...	B2	time.
Do		0	...	32	...	0	31st Jan. 1909 to 31st July „
Do		0	...	29	...	3	6th March „ to 31st July „
Do		0	...	39	...	8	3rd March „ to 31st July „
Do		0	...	8	...	0	16th March „ to 29th April „
Do		0	...	17	...	2	7th April „ to 31st July „

The Conclusions are,—

1. General health much improved in most of the cases.
2. Lepromata and ulcers have steadily improved.
3. Anaesthesias have shown marked improvement.
4. *Microscopic changes*—a very definite change has taken place in the bacilli.
5. *General remarks*—results are encouraging.

Rost's Serum treatment.

“Leprolin” is derived from a toxin of the *Bacillus lepræ*:
Dose 10 c. c to be injected into the muscles of the buttocks.

It is contra indicated where pulmonary or kidney complications are present.

(*A system of Medicine, Osler and McCrae, Vol. iii, p. 136*).

Hot alkaline bath is good.

Hygienic treatment :—

Remove the patient from endemic locality; avoid damp stagnant air; absolute rest in bed, gentle walk morning and evening if possible, proper cloth, and hot bath are indispensable. Warm ink bath made by the action of tannin on sulphate of Iron, acts on the fatty body.

Prof J. Hutchinson remarks that a glance of "leprosy globe" will at once reveal that leprosy is chiefly prevalent on the sea-coast on islands or in river valley viz, Scandanavia, Iceland, Lapland, China, India, West Indies etc, and that the chief food consists of badly-cured fish (dry salted fish) eaten without being sufficiently cooked.

Dietetic treatment :—

Generous diet is absolutely necessary : milk to be given in abundance ; codliver oil is good.

International Conference on Leprosy.

The second International Scientific Conference on Leprosy which was held at Bergent in August 1909 confirms in every respect the resolutions adopted by the first International Conference of Berlin 1897

- I. Leprosy is a disease which is contagious from person to person whatever may be the method by which this contagion is effected. Every country, in whatever latitude it is situated, is within the range of possible infection by leprosy, and may, therefore, usefully undertake measures to protect itself.
- II. In view of the success obtained in Germany, Iceland, Norway, and Sweden, it is desirable that other countries with leprosy should proceed to isolate their lepers.
- III. It is desirable that lepers should not be permitted to follow certain occupations which are particularly dangerous in respect to the contagion of leprosy. In every country and in all cases the strict isolation of leprous beggars and vagrants is necessary.
- IV. It is desirable that the healthy children of lepers should be separated from their leprous parents as soon as possible, and that these children should remain under observation.

- V. An examination should be made from time to time of those who have lived with lepers by a competent physician.
- VI. All theories on the etiology and the mode of propagation of leprosy should be carefully examined to ascertain if they accord with our knowledge of the nature and the biology of the bacillus of leprosy. It is desirable that the question of the transmissibility of leprosy by insects should be elucidated, and that the possibility of the existence of leproid diseases among animal (rats) should receive early study.
- VII. The clinical study of leprosy induces that it is not incurable. We do not at present possess a certain remedy. It is desirable, therefore, to continue the search for a specific remedy.

The statement sets forth that the British and Colonial delegates unanimously approved the resolutions of the conference and agreed to the following additional resolutions:—

1. Leprosy is spread by direct and indirect contagion from persons suffering from the disease. The possibility that indirect contagion may be effected by fleas bugs, lice, the itch parasite, etc, has to be borne in mind. Leprosy is most prevalent under conditions of personal and domestic uncleanness and overcrowding, especially where there is close and protracted association between the leprous and non-leprous.
2. Leprosy is not due to the eating of any particular food such as fish.
3. There is no evidence that leprosy is hereditary; the occurrence of several cases in a single family is due to contagion.
4. In leprosy an interval of years may lapse between infections and the first recognized appearance of disease. It is a disease of long duration, though some of its symptoms may be quiescent for a considerable period and then recur.

5. The danger of infection from leprous persons is greater when there is discharge from mucous membranes or from ulcerated surfaces.
6. Compulsory notification of every case of leprosy should be enforced.
7. The most important administrative measure is to separate the leprous from the non-leprous by segregation in settlements or asylums.
8. In settlements home life may be permitted under regulation by the responsible authorities.
9. The preceding recommendations, if carried out, will provide the most efficient means of mitigating the leper's suffering and of assisting in his recovery and at the same time will produce a reduction and ultimate extinction of the disease.

ACTINOMYCOSIS.

Actinomyces or the *ray fungus* is chiefly a disease of oxen, horses and swine, but affects man to a less degree.

The *parasite* belongs probably to the *cladothrix* group of bacteria.

"Madura foot" is caused by *discomyces maduræ*

Clinical forms :—

1. *Alimentary.*

Jaw has been involved in a number of cases in man: the patient comes under observation with a swelling on one side of the face, or with a chronic enlargement of the Jaw which may stimulate sarcoma.

2. *Pulmonary* :—

Cough, fever, wasting; muco-purulent fœtid expectoration and unilateral affection are important signs.

3. *Cutaneous* :—

“Madura foot,” “Vincent’s white mycetoma”

Treatment :—

Potassium Iodide gr xx-xxx a day well diluted with water acts marvellously in some cases. At the end of six months suppuration ceases and the fistulous tract of the Jaw completely cured. (*Therap, Monats January 1909*).

SCARLET FEVER.

Scarlet Fever is an infectious disease characterised by a diffuse exanthem and an angina of variable intensity.

The specific germ of the disease is still unknown,

We know at present that a scarlet fever strepto-coccus *can* produce erysipelas, but *usually* it can only cause scarlet fever.

The disease except imported cases is very rare in India.

The classical symptoms are :—

1. Fever with scarlet coloured rash.
2. Strawberry tongue.
3. Sore throat,
4. Desquamation.
5. Nephritis :

(Albumen in Urine, casts)

6. Pericarditis and endocarditis.

Varieties :—

In toxic cases Dr. Gordon discusses the use of serum, which should be polyvalent, sterile, and not more than six months old.

From 50 to 100 c.c. should be given, and he has never seen any harm.

In septic, as distinguished from toxic cases, streptococcus serum should be avoided. Alcohol in Dr. Gordon's experience is usually both unnecessary and harmful in septic cases.

Treatment :—

i *Early stage of the disease.*

R

Liq : ammon citratis	℥ i
Spt. Ammon aromatic.	℥ v
Sodii : citras	gr. i
Sodii : chloras.	gr. i
Ab : Camphoræ	ad ̄ ss

mft. for a dose sig. one thrice a day for a child of eight years old.

ii *Desquamative stage* :—

(a) Carbolated vaseline is recommended for local application.

(b) Occasional warm bath may be given.

Throat complication.

1. Dr. Gordon in the *Practitioner January 1909* recommends a douche of warm water which has been rendered faintly alkaline with sodium bicarbonate in order to diminish absorption of the toxins from the fauces. The object of this procedure is flushing and not disinfection. The patient should lie on his stomach with the head projecting over the edge of the bed, the forehead supported by one hand of the nurse. At least two pints should be used for each irrigation.

2. Spray of hydrogen peroxide is recommended.

Nose complication :—

Swab the nostrils with cotton pencils moistened with alkathymol or glycothymolin lotions.

Ear complication :—*1. In acute stage.*

R

Tinc opii

Glycerine

aa 3 ii

mft. Pain is relieved by instillations of the above twice or thrice a day.

2. After the discharge is established careful cleansing of the external meatus with a cotton swab, followed by the instillation of a saturated solution of boric acid in 20-50 per cent alcohol, is considered better practice by aurists than irrigations, because of the tendency of the latter to drive the infection deeper into the ear.—Miller.

iii Stage of convalescence

A bitter tonic is recommended by Prof : Osler.

Dietetic treatment :—

Milk diet is a preventive of nephritis.

Fresh fruits are allowed. Water should be freely given.

Hygienic treatment :—

The patient should be in a well ventilated upper-storied room : avoid drafts :

DENGUE FEVER.

Dengue is an acute infectious tropical disease characterised by fever, pains in the joints and muscles and sometimes a cutaneous rash and is caused by a micrococcus as advocated by Mc. Laughlin of Texas.

Classical symptoms :—

1. High fever.
2. Intense aching pains in the joints and muscles, hence the popular name "break-bone fever."
3. Erythematous rash.

4. Enlargement of lymph-glands.

Treatment :—**Prophylactic :—**

Quinine in small doses is good.

Medicinal :—

Antipyrin gr. v, thrice a day ; hydrotherapy to reduce the fever ; Potassium iodide gr. iii thrice a day during convalescence.

RELAPSING FEVER.

Relapsing fever is a specific infectious disease caused by *spirochaeta obermeieri* associated with overcrowding, destitution or famine in warm or temperate climates usually epidemic, characterised by a definite febrile paroxysm which usually lasts six days and is followed by a remission of about the same length of time, then by a second paroxysm, which may be repeated three or even four times, whence the name relapsing fever.

Treatment :—

The disease should be treated like any other continued fever by careful nursing, a regular diet and ordinary hygienic measures.

Treatment during an early stage of the disease.

R

Liq : ammon citratis	℥ii
Sodii citatis	gr. ii
Sodi chloras	gr. ii
Aq. Camphoræ	ad ̄ i

mft. for a dose : sig. one every three hours

Treatment during crisis.

R

Spt : ammon aromatic	m. xx
Tinc. musk.	m. xx
Inf : Digitalis	̄ i
Aq : chloroformi	ad ̄ i

mft. for a dose : sig one every two hours.

YELLOW FEVER.

Yellow fever is an acute febrile disease of the tropics characterised by Jaundice and hæmorrhages and due to a specific virus the nature of which is not yet known.

Treatment:—

Sternberg advises the following:—

R

Sodii bicarbonate	grs. 150
Hydrarg. bichloride	gr. 3
Aqua pura	quart one

mft. three table spoonfuls to be given every hour; the object is to destroy the specific germ locating in the intestine by this antacid antiseptic mixture.

MALTA FEVER.

Malta fever is caused by *micrococcus melitensis*.

Zammit remarks that goats are naturally infected with *M. melitensis*; and their milk plays an important part in the role of the disease.

Classical symptoms:—

1. Repeated alternation of pyrexial attacks with periods of normal temperature. The onset may be acute with rigors, severe headache, pain etc; history of gradual rise of evening temperature with morning remissions.
2. Constipation.
3. Lumbar and sciatic pains.
4. Copious sweating.
5. Swellings of Joints, bursæ and of the sheaths of tendons; orchitis etc.

N. B—Agglutination of *micrococcus melitensis* by a serum diluted 20 times, is regarded as diagnostic of malta fever.

Prophylactic —

1. Goat's milk should be boiled before use.
2. Infected goats should be destroyed.

Internally :—

Spt. Ether nitrosi ꝑ ss
Aq : camphoræ ad ꝥ i

inf: for a dose: sig: one every three hours.

- (ii) Strychnine and alcohol may be of the greatest service in tiding over the dangerous depression.

Locally :--

- (i) Lint : iodine to paint :
(ii) Blisters :

GLANDERS.

This is a highly infectious specific disease affecting chiefly horses and asses, sometimes other domestic animals, and occasionally transmitted to man by accidental inoculation.

The disease is caused by specific germ *bacillus mallei*.

Classical symptoms:—

1. Fever.
2. The infected area becomes swollen and hyperæmic.
3. Lymphangitis.
4. The nodules break down rapidly to ulcers and there is a mucopurulent discharge: there is also running from the nose.
5. An eruption of papules, which rapidly become pustules, breaks out over the face and about the joints.

N. B.—It may be mistaken for variola.

Treatment:—

Remove the wound by knife or destroy it by caustic followed by antiseptic dressing.

HYDROPHOBIA, (*Rabies*)

Hydrophobia is an acute disease of animals especially of the canines, dependent upon a specific virus, and communicated by inoculation to man.

Classical symptoms are:—

i Premonitory stage.

The patient is depressed and melancholic; irritation about the bite is a common complaint.

ii Stage of excitement.—

Excitability, restlessness and hyperæsthesia are characteristic symptoms: any afferent stimulus will cause a reflex spasm.

Any attempt to drink water is followed by an intensely painful spasm of the muscles of the larynx. It is this which makes the patient dread the very sight of water and gives the name *hydrophobia* to the disease. Temperature ranges from 100° to 103°F

This stage lasts from a day and a half to three days.

iii Paralytic stage.—

Patient gradually becomes unconscious and dies from heart failure within six to eighteen hours.

Prophylactic treatment:

Systematic muzzling of dogs as practiced in Singapore is highly scientific and it is a matter of regret why any such

measures are not adopted in India where street dogs run mad from time to time !

Medical treatment:

The bite should be thoroughly washed antiseptically and cauterized with pure carbolic acid.

To allay spasm, chloroform may be administered and morphia given hypodermically.

Local application of cocaine solution to the throat does some good.

Inoculation treatment after Pasteur Institute as practiced in Kasauli (Simla district) is strongly recommended.

Diseases of the perverted Metabolism.

CHAPTER III.

GOUT.*

Gout is a disease of malassimilation characterised *pathologically* by the abnormal formation of uric acid, and *clinically* by arthritis of small joints and by the gradual deposition of urate of soda in and around the joints.

Prof: Huchard rightly remarks :—

“Gout is to the arteries what rheumatism is to the heart.”

The Pathogenesis of Gout.

1. Bryce (*British Medical Journal*, October 31, 1908) thinks the pathology of gout may have a renal origin, or a metabolic origin, although in all cases there is a deficient purin metabolism, the purin being in excess in the gouty man's blood.

2. Dieulafoy believes that urinary and hepatic lithiasis are co-related as to their etiology, and shows that hepatic disturbances are common in persons of a gouty habit.

3. C. Wynn Wirgmann suggests a microbic origin and Ringrose Gore is a strong believer in the theory that gout is due to a bacterial toxin formed in the tissues. This seems plausible since the administration for a few days of such lactic ferments as fermentlactyl, diminishes intestinal autointoxication. W. H. Porter, of the *Post-Graduate Medical School of New York*

* S. A. Arany (*wien. klin. wochenschr.* 1910 No. 11) assumes a toxin as the cause of the disease, which may be either of exogenic (alimentary) or of endogenic origin. In exogenic gout the diet alone is therapeutically of importance.

Archives of Diagnosis ; April, 1908, states that indoxyl potassium sulphate or indican in the urine positively indicates that "there is fermentation of the proteid constituents either in the intrinsic structures of the body or in their passage through the alimentary canal.

4. H. Kionka, of Jena (*Revue de Pharmacologie Medicale, Paris, July, 1909*, p. 9) remarks that Glycocoll plays an important role in gout. Gouty persons eliminate glycocoll, while in normal urines there are but traces of this substance. Gouty persons carry glycocoll in their body fluids, which diminishes the solubility of uric acid and thus favours the deposit of urates in the tissues. In health glycocoll is destroyed and transformed into urea or a similar body as the result of the action of a ferment existing in the liver known as the urea-forming ferment.

Hence you will find :—

- (i) glycocoll in the urine.
- (ii) uric acid in the blood.
- (iii) urates in the tissues.

5. "Professors Falkenstein, Hutchinson, Minkowski, and other authorities are of the opinion that the dyspepsia which precedes or accompanies an attack of gout is caused from retention of autotoxines which originate from impaired function of the stomach by alteration of the glands near the pylorus, which secrete hydrochloric acid (*Cyclo. Pract. Medi.*, April, 1906.)

6. According to V. C. Vaughan, of Ann Arbor (*Journal of the A. M. Ass.*, Nov. 27, 1909), neither urea or uric acid are important constituents of the urine as far as their toxicity is concerned.

Increased amounts of uric acid in the blood of the gouty may be due to increased production, retention, abnormal transformation or combinations of these, all of which cannot yet be positively demonstrated to our satisfaction.

An increase of endogenous uric acid in the blood is not diagnostic of gout, for this occurs in three conditions.

- (i) fever (pneumonia).
- (ii) exposure to cold.
- (iii) after severe exertion. (*Quarterly Journal of Medicine July, 1908*).

7. A new theory of the origin of uric acid is discussed by Trautner in the *Ugeskrift for Læger. Copenhagen, Sept. 23, 1909*. This investigator claims that uric acid is caused by proliferation of the colon bacillus which brings about a constant colitis.

8. Local causes :—

- i. Fagge says traum brings about gouty attacks.
- ii. Freundweiler considers it a local inflammatory process.
- iii. Scudmore believes it due to plethora.
- iv. Gairnir calls it venous stasis.

The real cause of gout, however, must still be considered obscure, for while we have known factors (viz.: increase of uric acid in the blood) other unknown factors still demand diligent work to clear up.

Gout is of two kinds—

Acute and Chronic.

The treatment is grouped under four heads :—

- I. Hygienic.
- II. Dietetic.
- III. Bath.
- IV. Medicinal.

1. Hygienic.

An open air life with plenty of exercise at regular hour is indispensable. Walking and exercise by means of light dumb-bells are best.

Violent exertion bring an attack of gout, because over-work of the joints leads to excess of synovial fluid which like lymph, contains a large amount of carbonate of sodium and hence precipitates the urates as biurate which is so long held in solution in the blood, as quadriurate.

On the other hand systematic exercise is said to be curative for gout. (*The Clinical Journal*, October 20, 1909, page 21).

Patient should wear flannel next to the skin to avoid draught and to keep skin active.

A dry bracing climate of laterite soil like Madupore, Simultalla, Giridhe Hazuribag, &c. infuses new vigor to the system ; he should avoid sea-side and damp climates.

2. Dietetic.

The patient is the best physician of his ownself. He should avoid those foods *e. g.* meat and sugar, which his experience has taught him to be apt to produce gastro-intestinal fermentation.

When the attack occurs, the patient should be placed at once upon **water-diet** for 24 hours—3 to 3½ pints being given. This is the best way to deal with the intestinal fermentation. After the day's water-diet, the patient is given **milk-diet** (with some lactic ferment such as fermentlactyl tablets of 30 centigrams), and this is kept up so long as any inflammation continues.

Moderation should be his keynote. A list of "purin-free" diet and drink is mentioned below :—

1. Fresh milk, soured milk, buttermilk or whey.
2. Plasmon : 'chana.'
3. Egg—boiled, poached or raw.

It is declared by Walker Hall to be purin free.

4. White bread.
5. Butter, cheese.
6. Macaroni, rice, tapioca and vermicelli.
7. Fresh ripe fruits and all cooked fruits.
8. All green vegetables :

Salts of certain vegetables *e. g.* spinach have specially solvent powers on crystals of biurate of sodium.

9. Cereals of all kinds *e. g.* oatmeal :
10. Pure hot water, mineral water :

After a month or so of this diet :

Prescribe : —

1. Brown bread :
2. Beans, peas.
3. Nuts of all kinds.
4. Fishes.
5. Games : *e. g.* chickens.

Lecturing on gout at the Hospital Beaujon, Prof. A. Robin says that young and white meats, viscera, eggs, etc., are rich in nucleins which decompose into purin bodies. Consequently, the gouty subject ought to restrict himself to the consumption of red meat, beef and mutton, and leave out entirely from his dietary all white meat and all internal organs.

Avoid :—Sugar, salt, tea, coffee, potatoes, wines, all fermented liquors, malt, toddy, alcoholic drinks, spice, rich highly-seasoned dishes, fatty meat, strong soup, tomatoes vinegar, and all sauces.

Limon Juices is allowed in moderation.

Dr. H. G. Sutton remarks :—

“Give your gouty patients a little wine.”

Sir A. Garrod has shown the utility of a vegetable diet as a source of hippuric and benzoic acids which act as solvents of uric acid compounds.

“The use of sugar has been greatly decried, but here again there is no evidence that it is directly injurious”

“The question of beverages is one of the most important matters for consideration in this connection. It is one of the oldest observations that water-drinkers seldom suffer from gout-

The passage of water through the tissues promotes interstitial oxidation, and assists in the removal of refuse matters that are delayed on their way to the kidneys."

(*Twentieth Century Practice of Medicine. Vol. ii, page 476*).

Ebstein urges strongly the use of fat in the form of good fresh butter from 2½ ounces a day.

Roberts advises gouty patients to restrict as far as practicable the use of common salt with the meal, since the sodium-biurate very readily crystallizes out in tissues with a high percentage of sodium salts.

Sir W. Robert's table shows at a glance the average percentage of albuminous substances contained in different articles of food.

Animal food.	Albuminoid matter.	Vegetable food.	Albuminoid matter.
Butcher's meat	... 19 per cent	Bread ..	... 8 per cent.
Fowl ...	... 20 „	Oatmeal ...	... 12 „
Game ...	... 22 „	Rice ..	... 6 „
Fish ...	... 17 „	Green peas ...	... 6 „
Eggs ...	... 13 „	Potatoes ...	... 2 „
Milk ...	... 4 „	Carrots, turnips	1 to 2 „
Cheese ...	... 30 „	Green vegetable	1 to 2 „
		Fresh fruit (excluding nuts)	.. 0.5 to 1 „

3. Baths.

Bath in Mineral Springs for the gouty is highly beneficial Sea bath is also good. A handful of Tidman's sea salt in a tub of warm water forms artificial sea water which is recommended for the patient. Bathe for 15 minutes and massage your body well.

Vapour bath if employed early will frequently abort an attack. Heat dilates the peripheral vessels, lowers blood

pressure, causes diaphoresis and thereby eliminates waste products and relieves pain.

Electric light bath is scientific.

Dr. A. P. Luff M. D. remarks : —

“The radiant heat produces very rapid and free diaphoresis, stimulates the skin, and improves metabolism, so that the patient feels refreshed instead of exhausted after such a bath. For the entire body electric light bath with a temperature of 170° F is well borne.”

4. Medicinal.

There are two forms of gout—

A. Acute.

B. Chronic.

A. Acute.—

Internally :—

The aim of treatment should be :—

(i) To promote the elimination of uric acid by

(a) Saline purgatives, mineral water, *e. g.* Mag : Sulph 2 dr. in a glass of tepid water early in the morning on an empty stomach ; it should be taken by sips.

(b) Diuretic :

(c) Diaphoretic :

Sir William Robert's prescription :—

Pot. Bicarbonate 3 ss. in a tumbler of water at bed time to stem the nightly acid tide :

(ii) To prevent the formation of excessive amounts of uric acid.

Dr : Robin recommends :—

(a) Quinoformine (a combination of quinic acid with formine or urotropin) Daily dose 30-60 grains; it is easily taken in water and does not irritate the stomach :

(b) Sidonal (quierate of piperazine) Daily dose 30-45 grains.

(iii) Solavnts of Uric acid.

The following is the writer's favourite combination :

1 R

Vin. colchici	m. x
Tinc. Guaiaci Ammoniata	m xv
Pot citras	gr. x
Lithii Citras	gr. iii
Liq : Pot arsenias	m. i
Aq Distil	ad ʒ i

mft. for a dose : sig. one thrice a day.

Lauder Brunton recommends Colchicum and Arsenic, while according to Garrod guaiacum is a specific to the disease.

The recent studies of Dixon & Malden (*Jour. Chem. Soc. June, 1908*) throw new light on the physiological action of colchicine, the alkaloid of colchicum.

- The drug, (1) Excites the nerve endings in plain muscle, but has no action on heart muscle or the muscular tissue of glands.
- (2) Causes a marked eucytosis.
- (3) Increases activity of the bone marrow.
- (4) Stimulates the intestinal glands to produce abundant secretion, and normal digestive processes are improved.
- (5) Controls the production of insoluble urates.
- (6) Increases the mucous and glandular secretions of the stomach, intestines, liver, kidneys and skin.

(7) Has a selective action on the sensory nerves and spinal cord (Shoemaker).

(8) Is an antipodagraic and a true cholagogue (Rutherford).

2 Piperazine gr. iii dissolved in lithia water twice a day an hour after meal.

3. Thiolian —(a laxative salt of lithia). Dose a teaspoonful in water twice a day.

4. Sal-Hepatica: (an effervescent saline laxative and uric acid solvent). Dose, a teaspoonful dissolved in a glassful of water an hour before principal meals

5 R

Pot carb,	gr. vii
Lithii Carb :	gr. ii
Piperazine	gr. ii ss.
Liq : Arsenicalis	m. i
Elix saccharin	m. xv
Aq :	ad ʒj

mft. for a dose : sig. one thrice a day.

6 R

Vin : Colchici	m. x
Lithii bromide	gr. iii
Ammon Salicylas :	gr. iii
Ext. Cascara sag : Liq	m. xxx
Aqua Chloroformi	ad ʒj

mft. for a dose : sig one thrice a day,

7. Colchi-sal capsules :

Colchi-sal is administered in the following way, according to the directions given by Robin, Laborde. Constant, etc. :

- 1st day : 4 capsules four times daily ;
- 2nd day : 3 capsules four times daily ,
- 3rd day : 2 capsules four times daily ;
- 4th day : 2 capsules four times daily ;

8. Carnot (*Progress Medical*, 1908, No. 23) remarks that the nucleins of food during digestion break up into various bodies, two of them being uric and thymic acids which are produced under normal conditions simultaneously. Uric and thymic acids circulate together in a loose association and in gouty subjects imperfect assimilation and secondary decompositions lead to a lessened formation of the thymic acid, hence the precipitation of urates occurs. He claims that thymic acid is the real cause of the solubility of uric acid in the blood serum, since the urates are not deposited in the tissues.

Externally :—

℞

Sodii Carb :	℥ iv
Lint : Belladonna	℥ ii
— opii	℥ iss
Aqua	ad ℥ viii

mft. Lint : sig : Saturate cotton wool with half of the lotion and half of hot water ; wrap it over the affected joints, cover it with oiled silk and bandage ; the limb should be elevated.

(*Gout Number of the Practitioner*)

2. The writer recommends the following. Wrap up the joint with saturated solution of mag. sulph. followed by bandage as mentioned above.

(iv) To strengthen the patient with tonic during convalescence.

℞

Liq : sodii arseniatis	m iii
Sodii Iodide.	gr. iv
Ext. Cascara Sag : Evacuance.	℥ ss
Ext : Glycyrrhizæ liq :	m. xx
Aq : Chloroformi	ad ℥ i

mft. for a dose : sig : one twice a day after meal :

B. Chronic :—*Internally :—*

1 R

Colchicine :	gr. $\frac{1}{4}$
Ext. Nux. Vomica ;	gr. $\frac{1}{4}$
— gentian :	gr. i

mft, for a Pill : sig : one thrice a day.

2 R

Guaiacum Resin. gr. 5—10 in catchet twice a day.
(Gout Number of the Practitioner).

3. Pot. Iodide with alteratives is good.

4. Laville's Liquer : is an exceedingly good medicine in chronic form of the disease.

N. B.—1. Avoid sodium Salt (Common Salt) which in combination with uric acid forms sodium bi-urates and is deposited in the joints where circulation is sluggish.

2. Avoid fomentation over joints, as it leads to synovial effusion.

Externally :—

Apply betol ol, over the joint.

The writer takes the liberty of quoting the advices of Dr. Gilbert A. Bannatyne, M.D., (*Practitioner*, July, 1909) "Uric acid does not exist in the blood in a free state, but may be found there in combination as a urate (quadriurate). In the normal state this is eliminated naturally, but should anything interfere with this elimination, certain changes occur which transform the soluble urate into biurate of sodium, and in this form it is deposited as an insoluble crystal in the tissues. Our aim in the treatment of gout, therefore, must be, in the first instance, to diminish the tendency of the system to accumulate urates in the body fluids, and secondly to prevent the deposit of them in the tissues as crystals of sodium biurate.

To sum up then, the treatment of the attack of gout should be based upon the use of colchicine and the salicylates. The diet should be exclusively liquid and consist of milk, diuretic drinks and decoctions of cereals. The milk should be mixed with lime water. The mineral waters should be given with moderation during an attack as they are apt to raise the blood pressure.

PURPURA.

Purpura is not a disease ; it is the symptom of some latent disease.

It occurs in :—

1. Infectious diseases *e. g.* typhoid, pyæmia.
2. Toxic causes *e. g.* snake poisoning, ergot poisoning etc.
3. Cachectic diseases *e. g.* cancer, tuberculosis etc.
4. Neurotic diseases *e. g.* locomotor ataxia, transverse myelitis.
5. Mechanical strain *e. g.* whooping-cough, epilepsy etc.

Treatment :—

Treat the disease of which it is a mere symptom.

Tonics, good food and fresh air are indispensable.

Injections of artificial serum are indicated in grave cases, but should be given with the greatest care.

(*G. Dieulafoy's text book of Medicine, Vol. ii, page 1854*).

SCURVY.

Scurvy is a constitutional disease characterised by debility, anæmia, a spongy condition of gums and a tendency to hæmorrhages.

It occurs mostly in cases where diet consists either exclusively of milk or of artificially prepared food.

Cause :—*i Chemical theory :—*

(a) Garrod holds that the defect is in the absence of the potassic salts.

(b) Others believe that the chief factor is the absence of the organic salts present in fruits and vegetables.

Against the theory—

The Esquimaux who lives largely on blubber, and who rarely eats vegetables does not suffer from scurvy.

(c) Ralfe believes that the absence of malates, citrates and lactates from the food, reduces the alkalinity of the blood.

ii Bacteriological theory :—

Bacteriologists conclude that the disease depends upon a specific micro-organism.

iii Psychological theory :—

Mental depression plays an important role :

iv Toxic theory :—

Some toxic substance derived from decomposition in the food, produces scurvy.

Classical symptoms are :—

1. Spongy gums bleed easily, teeth, are generally loose, breath is foul.

2. Hæmorrhages beneath the mucous membranes of the mouth and petechial hæmorrhages are common.

There may be epistaxis, hæmaturia, sub-conjunctival hæmorrhage.

3. The hard brawny infiltration of the hams and the large echymoses and yellow discolourations in the hams and on the inner side of the thighs are quite characteristic.

4. Palpitation of heart is a prominent symptom; hæmic murmur can be heard:

5. In later stages there may be fever, great mental depression.

Treatment:—

Prophylaxis:—

Antiscorbutic articles of diet: *e. g.* fresh fruit, vegetable and meat etc., are strongly recommended.

Medical:—

R

Tinc ferri perchloride :	m. x
Tinc : cinchona Co :	m. xx
Inf : gentian Co :	ad. ̄ i

mft. for a dose : sig. one thrice a day.

N. B.—The above mixture is chemically compatible but its physiological action is excellent.

Hygienic treatment:—

Absolute rest in bed is absolutely necessary :

Fresh air and sun shine are also indispensable :

Dietetic treatment:—

1. Fresh raw milk.
2. Lemon Juice.
3. Raw meat Juice.
4. Fresh vegetables.

HÆMOPHILIA.

Hæmophilia or the hæmorrhagic diatheses is a condition in which bleeding is prone to occur spontaneously and is very difficult to arrest.

The bleeding may be started by the most trifling injury such as extraction of a tooth, scratch on the finger.

It occurs in the members of the same family and appears to be hereditary ; it occurs nearly always in the males, although it is almost invariably transmitted through the female line

Treatment:—

Internally :—

R

Calcium Chloride

gr. x

Aq : Chloroformi

ad. $\frac{3}{4}$ i

mft. for a dose : sig. one every four hours.

Locally :—

Apply a graduated compress or tampon of.

(i) Tinc ferri perchloride.

(ii) Antipyrine solution (50 per cent.)

(iii) Liq : Adrenalin (1 in 1000)

DIABETES.*

Diabetes Mellitus (from Greek, *dia*, through, and *baino*, I flow, and *Melitta*, a bee; *Glycosuria*—*sugar in the urine*).

Before describing the treatment of Diabetes Mellitus, the writer thinks it better to say a few words about the disease itself. The pathology of diabetes is still shrouded with obscurity. The writer briefly summarises the latest theories as advocated by Prof. Pavy, Prof. Von Noorden, the greatest authorities on Diabetes and others.

Pavy's theory:—

The author denies that free sugar normally reaches the circulation from the liver. He elaborates the view that lymphocytes in the intestinal villi are identified with carbohydrate assimilation. These lymphocytes pass into the circulation through the lymphatic and not through the capillaries, and the carbohydrates get into the circulation in the form of a complex proteid-containing molecule which cannot be filtered off in the urine.

The carbohydrates which are not assimilated at the seat of absorption pass into the portal blood as sugar, and on reaching the liver they become converted into glycogen.

This in its turn is broken down into molecules of glucose which are taken on as side chains by certain proteid constituents of the blood and transported to the tissues where ultimate utilization occurs. The failure of this intricate process of physiology constitutes, in the view of the author, the disease diabetes.

* The only point upon which all observers are agreed observes Dr. Haig as regards the pathology of diabetes, is congestion of the liver and portal system.

Capillary dilatation is caused by acids; tonic constriction by alkalies; hence the *rationale* of mineral water *c. g.* vichy, Rubinat, apenta etc.

Von. Noorden's Theory.

The author regards diabetes as the loss of capacity of the liver and muscles to take up glucose from the circulating blood and store it as glycogen. Coincidentally with this the cells of the body lose the power of burning off the carbohydrates. At the same time the carbohydrates become inaccessible to the fat-forming cells. Until this latter failure has taken place, the diabetes is masked and probably masquerades as obesity. In severe cases the organism makes use of fat to form sugar.

Manfred Fraenkel's theory.

In the *Med. Klinik*, 1905, Nos. 55 and 56, Dr. Manfred Fraenkel of Berlin presented a new theory of the pathogenesis of diabetes based on the idea that normally the transformation of glycogen into sugar is due to a ferment which arises from the decomposition of red blood corpuscles. This ferment is produced more rapidly when there are circulatory disturbances, until a point is reached when the quantity of sugar created no longer can be utilized, supersaturates the blood, and is excreted in the urine.

A condition for normal utilization of sugar is a normally functioning vasomotor system, with its centre on the floor of the rhomboid fossa and a normal pancreas. The trophic factors are of no small importance. A dominating position over the entire vasomotor system of the liver must be ascribed to the vagus. In this connection the relationship between diabetes and tuberculosis is of much interest. Bernard found sugar forming fibre in the long fibres of the vagus, so that any injury to the former must also strike the latter. This may explain the secondary occurrence of tuberculosis in diabetes.

Fraenkel then points out the possibility of influencing the vagus by means of eserine. In diabetes all other organs always show signs of extensive hyperæmia. The final link in his chain of reasoning is the significance of arteriosclerosis. He cites Noorden and Croner in support of the connection between it and

diabetes. Arteriosclerosis is primarily the expression of circulatory disturbance, and according to the location of the vascular injury one subject is exempt from diabetes, while another succumbs thereto when the arteriosclerosis establishes itself in the hepatic vessels.

Alfred King's Theory.

A new line of thought is also introduced in an article by Alfred King, M.D., of Portland, Maine, entitled "Diabetes mellitus as an infectious disease," in which he adduces evidence which suggests pointedly that diabetes mellitus is a fungus disease due to the *saccharomyces cerevisiæ* which he found in abundance in the blood, and which produces glucose forming enzymes.

A new line of thought appears in the *American Journal of Clinical Medicine* July 1910, tracing the origin of diabetes mellitus to intestinal parasite and the combined use of Santonin Calomel and Podophyllin are recommended but "one swallow does not make a summer."

Whatever may be the views of diabetes mellitus, it is a disease of mal-assimilation. PROF. OSLER rightly remarks :—
"Diabetes Mellitus a disorder of nutrition."

Frerich's remarks :—

"Every diabetic must sooner or later, in consequence of loss of health and strength run a risk of sudden and unexpected death. He is like a weary wanderer in a thick mist following a narrow path by the side of a roaring torrent, into which he is in danger of falling if he anxiously quickens his pace or strikes against a stone in the way."

It is a disease of the rich ; it is common amongst the intellectual class of Hindus *e.g.*, pleaders, preachers, physicians and others. Mahomedans are as a rule exempt from it. It is to a certain extent contagious, as cases are known in which wives are affected by their diabetic husbands. It runs in families. Diabetic patients, as a rule, suffer from subnormal

temperature, and when they have fever, then their urine is generally free from or contains very small amount of sugar. Diabetes of a temperate country like India is quite different from diabetes of cold climate, as in the latter the prognosis of a young diabetic is grave, but we learn from experience that is not the case here. A young diabetic may live a good old age if he knows or tries to understand the principles of life: by this the writer means not to act against Nature, to avoid excesses, and to limit his starchy diet till carbohydrate tolerance. Prof. Von Noorden calls this the tolerating power of the individual.

The formula for the tolerance is as follows :

Tolerance = Standard diet + x.grains starch.

X. representing the number of grains of starch the patient can ingest without the appearance of sugar in the urine.

If the patient excrete sugar after being on the standard diet for five days, it indicates that he is suffering from a grave form of the malady. It further means that the tolerance for carbohydrates is entirely destroyed, and that the sugar eliminated in the urine is manufactured from his tissue-albumins.

For such a patient Naunyn recommends that a "Hunger Tag" or hunger-day be instituted during which no food whatsoever is taken for twenty four hours. The patient may become aglycosuric as a result of starvation.

He is the best physician of his own self to regulate it. Drugs are, in my opinion, useless, nay harmful, but when complaints are pressing, medicine should be used as medicine with caution.

Drugs play a very minor part in the treatment of diabetes. It is the duty of the practitioner, to discourage the patient from using the so-called cures advertised blatantly in the daily press.

A diabetic patient recently remarks :—

"I had been passing 32 grains of sugar to each ounce of urine and was prescribed a severe starchless diet with opium.

The sugar disappeared, in six weeks but I have lost 10 pounds in weight and am losing fast; I have no appetite and I feel very weak. *Give me back my sugar*; I am really worse without it."

This patient is not wrong in his statement.

Nothing is more conducive to the early development of diabetes than worry and anxiety. We who for countless generations have believed in the law of Karma, should be the last people on earth to be habitually subject to worry. In this connection, I shall quote a very instructive passage from a work by Mrs. Besant as a remedy. One way of getting rid of worry is "to train the mind to rest on the good Law, thus establishing a habit of content. Here the man dwells on the thought that all circumstances work within the Law and that nought happens by chance, only that which the Law brings to us can reach us by whatever hand it may outwardly come. Nothing can injure us that is not our due brought to us by our own previous willing and acting, none can wrong us save as an instrument of the law, collecting a debt due from us. Even if an anticipation of pain or trouble come to the mind, it will be well to face it calmly, accept it, agree to it. Most of the sting disappears when we acquiesce in the finding of the law, whatever it may be, and we may do it the more easily if we remember that the law works ever to free us, by exacting the debts that keep us in prison and though it bring us pain, the pain is but the way to happiness. All pain, come how it may, works for one ultimate bliss and is but breaking the bonds which keep us tied to the whirling wheel of births and deaths. When these thoughts have become habitual the mind ceases to worry."

The classical symptoms are :—

1. Polyuria.
2. Excessive thirst.
3. Voracious appetite.
4. Rapid loss of flesh.
5. Glycosuria.

For practical treatment the writer divides diabetes into five classes :—

- i. Alimentary Glycosuria.
- ii. Nervous Glycosuria.
- iii. Hæpatic Glycosuria.
- iv. Nervous and hæpatic combined Glycosuria.
- v. Pancreatic Glycosuria.

i. Alimentary Glycosuria :—

It is due to mere excess of sugar poured into the blood from the alimentary canal in excess of what the system is capable of assimilating. Cut short sugar from the meal, regulate his diet, give him complex proteid-bearing articles of carbohydrates and not pure starch, and open bowel by saline aperient, *e.g.*, Apenta water, Carlsbad water. &c.

The writer prefers sodii. Phosph. effervescence (*P. D. & Co.*) a cupful early in the morning in a glass of lukewarm water.

We can thus reduce sugar to a very minimum standard

N. B.—The above plan should be strictly observed through all classes of diabetes.

ii. Nervous Glycosuria :—

The puncture of Claude Bernard in the fourth ventricle of medula oblongata, or the nervous shock causes sugar to appear in the urine.

The following are the best :—

Internally :—

1. Bromides in the form of triple bromides and hydrobromic acid (dil.)

2. Liq. auri et arsenic bromide, *m. v.* twice a day after meal, or Arsenauero (*i. e.* double bromide of arsenic and gold) *m. v.* twice a day after meal.

N. B.—Stop the medicine when toxic symptoms ensue, *viz.*, puffiness about eyes, diarrhœa, colic pain, &c.

Arsenic with gold bromide, pushed to saturation, will stimulate the cells as nothing else will, relieving the system of effete material and curing diabetes up to a certain stage: (*The American journal of clinical med* : January 1910.)

3. Acid Glycero-Phosphate Co.

Dose :—a teaspoonful twice a day after meal.

Locally :—

Spinal baths with cold water once a day is an excellent tonic to the nervous system.

iii. Hepatic Glycosuria :—

Patients are as a rule plethoric ; they roll in wealth without physical exercise.

Salicylates and their modified preparation aspirin are the best medicines in these cases.

The following are the best combinations :—

1 R

Sodii Salicylas	5 i
Mag. Sulph	3 vi
Glycerine	3 iii
Aq.	ad 3 viii

mft. Put 12 marks. sig. one thrice a day.

2 R

Lethium Salicylas	gr. v
Antipyrine	gr. ii
Pulv. Glycyrrhizæ Co.	3 ss

mft for a pulv : sig. one twice a day an hour after meal.

N. B.—In gouty diathesis the above prescription will act like a charm.

3. Aspirin gr. x.

mft for a pulv : Sig one thrice a day.

(See my article on Rheumatism, regarding its mode of administration).

iv. Nervous and Hæpatic Combined :—

This is the usual form of diabetes which we frequently come across in our practice.

The following prescriptions are recommended :—

1. R

Codein phosph.	gr. $\frac{1}{2}$
Strychnine phosph	gr. $\frac{1}{16}$
Ext. Belladonna	gr. $\frac{1}{4}$
Aloin (if constipation)	gr. $\frac{1}{6}$

mft for a pill : sig. one thrice a day

Rudisch (*Medical Record*) recommends atropine. Two preparations are recommended

(a) methyl bromide of atropine : dose $\frac{1}{8}$ gr : thrice a day
it is less toxic and slow in action.

(b) Atropine sulph $\frac{1}{100}$ gr : thrice a day.

N. B.—Atropine has a specific effect on the excretion of sugar.

2. Dried pulv of the seed of black jam fruit was spoken of highly by Lieut Colonel R. C. Chundra. He prescribed jamboline powder, gr. x-xv twice a day after meal.

3. Writer's favourite formula :—

R

Ferri phosph :	gr. iiii ss
Codien phosph.	gr. i
Liq acidi phosphatis (P. D. & Co.)	m. x
Ext. Jambolin liq. (Bengal)	ʒ i
Aq.	ad. ʒ i

mft. for a dose : sig. one twice a day half an hour after meal.

4. J. Rudisch (*Jour. American med. association October, 23rd 1909*) remarks that carbohydrate-free diet and soda Bicarb 30-40 grs a day, have a distinctly inhibitory action on the excretion of sugar.

v. Pancreatic Glycosuria.

Patient as a rule is thin :

Diabetes originates in lesions in the islands of Langerhans. Pancreatic tissue contains two distinct classes of parenchymatous structure, the ordinary gland acini which secrete the digestive juices of the organ and empty into the pancreatic duct, and the islands of Langerhans, which appear to be blood glands and discharge their secretions into the circulation.

Diabetes might then be defined as an increased internal dissociation of tissue (possibly fat) into sugar, caused by a toxic substance which is produced in the course of normal metabolism and which is normally neutralised by the pancreas.

Trypsogen (G W. Carnrick & Co.) tablets are recommended. Dose : two tablets twice a day immediately after meal progressively increased to a point of tolerance, *viz.*, dizziness, nausea, intestinal irritation with diarrhœa, etc.

Sheeps and calves' pancreas have been given raw.

(*Burney yeo's Manual of Medical treatment Vol. ii page 533.*)

Pancreas Diabetes, Treatment.

Dr. Bruck remarks that the joint action of the adrenalin and pancreatic secretions under normal conditions prevent glycosuria, but if the pancreatic secretion is lacking, the adrenalin gets the upper hand and glycosuria follows. He, therefore, suggests that the antagonistic action of adrenalin might be utilised in the treatment of diabetes. No glycosuria is produced in dogs after the pancreas is removed and the adrenalin secretion is inhibited or if an active pancreas preparation is injected into the veins. The pancreas diabetes is, therefore, rather a negative pancreas and a positive suprarenal diabetes, as the overproduction of adrenal is responsible for the glycosuria. He suggests that the same principle might be applied in pancreas diabetes, which is the base for the

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treatment of exophthalmic goiter with the serum or milk of thyroidectomized animals. By excluding the adrenalin from the circulation, the milk or serum of animals thus treated might prove an effectual means of supplying the diabetic with the missing neutralizing pancreatic secretion. (*Medizinische kliniek Berlin, November 15th, 1908.*)

G. Dicalafoy in *the text book of medicine 1910 vol. ii page 1925*, recommends antipyrine, arsenic and alkaline remedies.

For the first week the patient takes twice daily with meals a cachet composed of 5 grains of antipyrine and 3 grains of bicarbonate of Soda.

During the second week the antipyrine is stopped and arsenic prescribed.

The patient takes with each meal a tea spoonful of a solution containing 2 ounces of distilled water and half gramme of arseniate of Soda.

These two drugs are continued alternately for several months, together with alkaline solutions, such as vichy water, carlsbad."

Treat the Patient symptomatically :—

1. Thirst :—

It is an indication of the necessity of replacing the large quantities of water lost by the kidneys

The following are worthy of a trial :—

1. Frequent rinsing the mouth with water is very useful to quench thirst.

2.

R

Liq. acidi Phosph. (P. D. & Co) :	m. xv
Saxin tabloid	one.
Aq.	ad. O i

Dose :—A sip when thirsty.

3.

R

Lemon juice of one	
Glycerine	3 j ^a .
Water having half	} O. ii
poa of "Jab. chatu" dissolved in it	

Dose :—A sip to satisfy the demands of nature. . .

4. Drink fresh whey instead of water.

5.

R

Cream of tartar	3j
Boiling water	0.1
Saccharin (to sweeten)	
Lemon peel (for flavour)	

Dose : ad. libitum.

2. Pimple and boil :—

They may lead to a carbuncle.

This excess of sugar in the blood diminishes its alkalinity and lowers the vital resistance of the body against disease; Besides in diabetes the peripheral circulation is slow, and if xanthin, lecithin products retain in the tissue, there is a tendency to form pimple, boil and carbuncle.

Daily baths assist materially in keeping the skin functions active, and diminish the liability to furunculosis

Hence diabetics should clean their body daily and be ever on the alert to detect any pimple or boil and destroy the morbid process by touching the part with strong carbolic acid and thereby may avert a fatal carbuncle.

3. Itching of the skin.

Carbolic lotion or carbolic soap is lauded to be the best on account of its anæsthetic property. The time-honoured custom of the Hindus to allay itching, sounds to me highly scientific: they allow the

patient to sleep on a bed of "Neem" leaves. The sensation caused by the margin of leaves masks the complaint of itching, stimulates and subsequently strengthens the peripheral nerves

4. Roughness of the skin : -

Wash the part antiseptically and apply one of the following creams :—

- a. Emmolentine.
- b. Euthymol cream.
- c. Cold Cream.
- d. Hazelline Cream.

5. Preservation of teeth : -

Teeth should be rubbed well once or twice a day with any of the following :—

- i. Vinolia tooth powder :
- ii. Euthymol tooth powder :
- iii. Euthymol tooth paste :
- iv. Liq : dentifrice.
- v. Odol.

6. Albumin in the urine :—

Cut short meat diet if any ; feed him with liberal mixed diet.

The following may be tried :—

R

Stronchium lactate	gr. ii ss
Codein phosph :	gr 1/48
Ext : Belladonna :	gr. 1
Ext : Gentain	q. s

mft. for a pill : sig one thrice a day.

7. Loss of sexual power :—

Spermine manufactured from testicular substance of dog or bull (Zelnichin). Testicle of goat fried in "ghee" acts admirably well.

8. To avoid ulcer on prepuce

Wash the part after each micturition with cold water.

9. Dyspepsia :—

Vide my article on dyspepsia.

10. Coma :—

From the metabolism of fat B-oxybuteric acid is manufactured in our chemical laboratory; the acid in its turn forms acetone and diacetic acid, and these are the harbinger of diabetic coma. This is the rock over which we most often stumble.

Directly coma sets in the patient shows a well marked hyperpnœa : a condition of acidosis which Naunyn terms "the flooding of the circulation and tissues with acids." The 'alkalinity' of the blood—that is, its power of combining with acids—is reduced, and the quantity of carbon dioxide in the patient's blood is materially diminished.

The early symptoms of diabetic coma are :—

1. Sudden diminution of the amount of sugar in the urine (not under treatment).
2. Sweet odour of the breath somewhat resembling that of Chloroform.
3. Sickness and pain in the stomach.
4. Presence of acetone and diacetic acid in the urine.
5. A rapid pulse is one of the early signs of the onset of coma.

Hence when we detect patches of cloud gradually threatening to be dark and darker—an onset of approaching coma—we should treat him as follows :—

1. Open bowels by a good purgative :—

R

Calomel	gr. $\frac{1}{4}$
Sodii Bicarb.	gr. v

mft. for a pulv : sig. one every 2 hours till bowel is opened.

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2. Sodii bicarb. ʒss. in soda water or milk till urine is alkaline.

3. Vapour bath to induce diaphoresis.

4. Saline subcutaneously.

5. Stimulants by enema or subcutaneously if required.

Ozonic ether (*Martindale's extra Pharmacopœia*) m xxx thrice a day immediately after meal : probably it oxidises the sugar.

6. Oxygen inhalation, if there be need of it.

7.

R

Pot. Citras	gr. v
Sodii citras	gr. ii
Ammon. citras	gr. i
Barley water	ʒ i

mft. for a dose : sig. it may be used alternately with soda solution.

It is, however, an established fact that when acetone has once been produced, the allowance of a certain amount of carbohydrates in the shape of oatmeal, potatoes, etc., will relieve the patient from acetone.

8. In gouty patients with hypertrophied heart and high arterial tension prescribe any of the following :

R

Sodii Nitris	gr. iii
Sodii citras	gr. iv
Aq.	ad. ʒi

mft. for a dose : sig. one every 3 hrs. up to 3 or 4 doses.

R

Tabloid Trinitrine	gr. 1/100
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N. B.—Don't use Digitalis or Strophanthus in this case.

9. Weakness of heart (ordinary case).—Prescribe Strophanthini gr. $\frac{1}{500}$ or Digitalini gr. $\frac{1}{500}$ tabloid.

10. Recently Von Noorden has advocated the subcutaneous injection of 5 to 10 per cent. solution of lævulose in cases with threatened coma.

Naunyn prefers its administration either by mouth or enema.

N. B.—1. Nitrate of Uranium is spoken of highly by DR. SAMUEL WEST (*B. M. J. August 24th 1895, and September 19th, 1896*) and DR. C. H. BOND (*Practitioner, September 1898*).

It diminishes the thirst, reduces the amount of urine passed, reduces the percentage of sugar, the dose being gr. iii twice a day always after food in a glass of water

DR. TIRARD, a hero in medicine, on the other hand regards it as a dangerous medicine in diabetes: it produces inflammation of intestine and kidneys, lowers nervous power, and even promotes the appearance of sugar in the urine.

2. E. SMITH (*Practitioner February 1910*) recommends calcium Iodide gr. v, thrice a day.

3. In *Diabetes Incepitus* powdered root of Valerian gr. v. increased up to gr. xxx is recommended.

N. B.—DR. PAVY recently delivered before the Royal College of Physicians of London an interesting lecture on the treatment of Diabetes Mellitus. The essential treatment is the restoration of the defective assimilative power. Science ought to, sooner or later, put us in possession of something which will set right the defective metabolism that is present in diabetes. Such a substance will be allied to the thyroid extract that sets right the faulty metabolism in myxœdema.

Psychic treatment

The sufferer from diabetes is as a rule a pessimist; he takes pleasure in brooding over his fate, doubts of the future

and thereby loses his enjoyment of the present, and only too often, even while still in possession of his bodily strength, loses all pleasure in his work as well as his energy of will. Our aim therefore is to restore the self-reliance of the patient. Comforting words, procurement of sleep, resumption of occupation or change of the same, in other cases rest, change of surroundings, travel, bathing, cold-water-cures, 'fat-and flesh' diet, and the like are the factors contributing to the solution of our problem.

It is a bad sign when a patient begins hypochondriacally to make his spirits and subjective feelings dependent upon the results of the last urinary analysis by the physician, instead of taking his own strength as a measure of his actual condition.

Electric treatment:—

Much has been written on the treatment of diabetes by high-frequency electric methods, and cures have been reported.

Hygienic treatment.

1. It is a well known fact that under the influence of muscular exercise, walking and bicycling, bordering on fatigue, glycosuria is often distinctly diminished. It is a good rule before the day's exercise is commenced to stand out in the open with the hands placed on the hips and shoulders thrown back and breathe slowly and deeply about half a dozen times to begin with. Exercise to the point of fatigue results in an auto-intoxication, increased disintegration of albumin, and lessened assimilation.

2. Free sweating lowers the output of sugar; hence try to encourage diaphoresis

3. Change of climate is an elixir of life to a diabetic; the balmy mountain air or refreshing cool sea breeze infuses new vigor to a gradually dilapidated frame.

According to the researches of Bouyssy and Henriet, Ozone is formed by the ultra-violet rays of the sun. The Ozone-content

of the air is, therefore greater on sunny days, also when winds blow from the south west, and when it rains. Ozone is said to form in the higher strata of the air and is brought down thence by the southwest winds where it also originates. The same is the case with the rain, the drops of which are surrounded by Ozone which they bring down to the earth.

The contrary is the case with carbondi oxide, which originates in the earth and increases in the air when there is less sunshine, southwest winds and rain.—*Oester chem etg. in Pharm Zentrallh*

4. Baths—a carefully graduated course of cold baths is particularly beneficial. This will increase the oxidation of sugar, encourage the liver, strengthen the heart, and increase the alkalinity of the blood. Bathe daily in fresh water, rub your skin well and be on the look-out for a pimple or boil and destroy it by strong carbolic acid.

5. Avoid draft, as an intercurrent disease like pneumonia may sweep him off.

6. Avoid constipation by salines.

The writer prefers Sodii. Phosph effervescence (P. D. & Co.) a cupful in a glass of lukewarm water early in the morning. It should be taken by sips, a better plan would be to take half a cupful at bed-time and the remaining half early in the morning.

Enema of tepid water from time to time is an excellent means of washing the colon.

7. The old adage, “repeated fast-days during the regime of diabetes especially during new and full moon” is well known to the Hindus.

8. Drinks:—No attempt should be made to restrict the water taken by the diabetic

No good will follow by doing so, as the thirst and polyuria are dependent on the hyper-glycæmia. Harm, on the other hand is likely to ensue, as the increased thirst causes increased mental and physical distress.

Dietetic treatment.—

This is the essential part of treatment. Certain amount of carbohydrates in the diet spares proteid metabolism. No matter what the condition of urine may be with reference to the presence or absence of sugar, the patient on any line of treatment must be regarded as doing badly if his weight is progressively diminishing. It is much better for the individual to excrete moderate amounts of sugar and hold or increase his weight, than to be aglycosuric and steadily lose weight. (*A system of medicine by Osler and Mc. Crue vol. i page 789*).

Mixed liberal diet in which the carbohydrates are entangled with complex proteid molecules is recommended.

The writer does not agree with PROF. PAVY to feed patient exclusively on meat and starch free diet. The danger of excess meat diet arises from the acidifying effect of albumin upon the system and leads the patient on to acidæmia and coma; besides, it produces invariably in most of my cases albuminuria.

L Kuttner (*Med Klin May 9, 1909*) remarks that in severe cases of diabetes the excessive quantities of proteid which are often given increase the amount of sugar, while in slight cases, or those of medium severity, limitation of the proteids is beneficial.

As the disease undermines the sap the patient must be fed with nutritious diet in concentrated form to balance wasting.

- 1 Albumin wards off loss of nutrition.
2. Fat and carbohydrate supply calories.
3. Carbohydrate till its point of tolerance keeps the blood alkaline.

The following simple rules as to eating and drinking should be always remembered. Although they are not generally unknown, sufficient attention is seldom paid to them and for that reason alone will bear repetition. Food should be taken as a necessity and not as a luxury—it must be strictly eating to live and not living to eat. The quantity taken at each time should be regulated according to the good old rule, namely, three-fourth of the stomach to be filled and one fourth left empty. Most of us suffer from eating too much than eating too little. Eat only when you feel hungry and drink only when you feel thirsty. Remember the golden rule of “after dinner sit a while, after supper walk a mile.”

The following is the **writer's ideal Menu of Diet**—

Early in the morning :—Mild exercise before feeling fatigued.

7 A.M.—Half boiled two hen's eggs with little pepper and salt, toasted bread or rusk or plasmon biscuit, and butter, little starchless marmalade, orange or lemon (Callard's).

9 A.M.—Oatmeal porridge with milk sweetened with saxin or saccharine tabloid or tablet.

10-30 A.M.—Little rice, ghee with boiled or fried vegetables, hand-made ‘rote’ and ‘dal’; fried fish, fish soup; some sort of acid ‘chutney’ if he is fond of it; as a rule advise patients not to eat it.

A drachm dose of Huxley's syrup.

11 A.M.—A glass of cocoanut water or butter milk.

1 P.M.—Milk, or milk plasmon, or milk sanatogen, or fresh curd sweetened with saxin or saccharine or fermented milk.

4 P.M.—Plenty of fruits of all kinds except date. Mango and papaya may be used sparingly; ‘Chana’; with little salt ‘Kachuri,’ ‘Nimke’ and ‘Papur’ are good.

5 to 6 P.M.—Gentle walk in the open air.

7 P.M. —Hand-made “rote” or “porota” or “loche” with meat, soup and fried vegetable. .

N. B.—Meat should be cooked without aromatic spices which simply tax the gastro-intestinal tract.

A glass of soda water with little Soda Bicarb, dissolved in it; it prevents hyper-acidity of Blood (PROF. VON NOORDEN).

The list of dietary for the diabetic :—

1. Butcher's meat, poultry, and game.
2. Fishes of all kinds.
3. Cereal groups :—*e. g.*, oat, wheat, millet, maize. &c.

Oatmeal porridge is highly nutritious; little rice is allowed; hand-made “rote” and bread are good; toasted bread does more harm than good (DR. HALE WHITE)

Soy bean gruel mixed with cow's milk.

The gruel should be prepared by soaking the beans over night, stirring to remove the envelop surrounding the bean. Three times the amount of water is added to the beans and they are boiled until a smooth gruel results. This is strained, if necessary. This has the odour and taste of malt, but with the addition of a little salt is well taken, especially after the first bottle or two.

This soy bean (*glycine hispida*) is an annual leguminous plant which originally grew in a wild state in Cochin China, in the south of Japan, and in Java. It is now being grown in various sections of the country and can be obtained in the open market like any other legumin. (*Archives of Pediatrics, New York, July 1909.*)

An analysis of <i>Soya bean</i>	{	Water	12 per cent
		Oil	17 "
		Albuminoids	38 "
		Carbohydrate	22 "
		Fibre	5 "
		Ash	5 "
		Sand	1 "

PROF. VON NOORDEN'S Oatmeal Food consists of: $8\frac{1}{2}$ ounce (250 grammes) of oatmeal is cooked for about two hours on a moderate fire, with 3 or 4 quarts of water and a little salt: 100 grammes of roborat, gluten, rice, albumin, &c., may be added. When the gruel is done, add 10 ounce (300 grains) of butter and pass through a sieve. Divide the whole into 8 equal parts and take a part every 2 hours. The whole amount must be eaten in 24 hours.

4. Fruits of all kinds except date, sugarcane are allowed sweet fruits to be used sparingly.

Though the output of sugar is somewhat increased, the advantages overbalance the disadvantage. Varieties of fruit juices sharpen the appetite, supply organic salts, open bowels and quench thirst.

DR. ROBERT SAUNDBY, M. D.; L. L. D., remarks in the *Practitioner*, July 1900 :—

“Sugar of fruit is very often lævulose and many diabetics assimilate this form of sugar when quite unable to consume dextrose.”

“It is well to remember that lævulose (fruit sugar) has been shown to be tolerated better by the diabetic patient than any other form of sugar.”

(*A system of Medicine by Osler and McCrue, Vol. 1, page 792.*)

The following are strongly recommended :—

1. Nuts of all kinds are highly nutritious.

Nuts are superior to all natural food substances for the diabetic, possessing the following properties :—

(a) They contain only an insignificant amount of starch (the chestnut excepted).

(b) They contain a large amount of easily digested fats.

(c) The albumins of nuts, especially of the almond and pine nut, are more easily digested than flesh meats.

2. Peaches are said to be specific by some western writers.

3. Soft pulp of the seed of "Amra" is spoken of highly by the writer.

4. Figs fried is an excellent adjuvent of diet.

5. The fruit "black jam" and the pulp, of the seed are very good.

6. Green vegetables are allowed. They contain potassium and other inorganic salts which increase the alkalinity of the blood.

7. Though physicians of the past wage war against the use of potato, it is now regarded by some even as a remedy to the disease, but the value depends upon the method of its use: the skin of potato should remain intact; boil it in water or better roast it in vapour when the earthy potassium phosphate lying between the rind and potato substance itself is preserved. The real value lies in this phosphate. The patient should limit the point of tolerance of carbohydrate himself.

8. Fat, both animal, *i. e.*, butter, ghee, and fatty meat, and vegetable, *i. e.*, mustard oil and olive oil, are excellent articles of diet.

The patient should make it an *iron rule* that a certain fixed quantity of fatty food is to be included in the daily dietary.

(*Twentieth century practice of Medicine Vol. ii page 153*).

N.B.—(1) Butter should be well kneaded in cold water before being eaten.

(2) Cheese and even butter are forbidden, but the writer recommends these strongly.

9. Cream and bone-marrow are highly nutritious.

10. Milk and its derivatives :

Milk is valuable because it contains

- (i) a considerable amount of fat and has therefore a high heat-giving power.
- (ii) lime salts, of which there is an abnormal loss in diabetes.
- (iii) lactose or sugar of milk which is more readily assimilated by most diabetics than many other forms of carbohydrates
- (a) Plasmon, " Chana "—the casein of milk is Nature's perfect food ; it is an excellent uric acid free article of diet
- (b) Fresh curd, whey, &c.
- (c) Fermented or lactonised milk : it should be made in any of the following ways :—
 - (1) Fermentlactyl tablets (Pasteur Vaccine Co., Paris.)
 - (2) Lactone tablets (P. D. & Co.)

The lactic acid ferment eats up the sugar of milk and transforms it into matters inoffensive to our organism.

11. Lots of highly concentrated proteid substances now flood the market, a list of which is given below :—

- | | |
|----------------------------|--|
| (a) From Vegetable Albumen | 1. Roborat: Make bread of it. |
| | 2. Aleuronat: .. cake .. |
| | 3. Gluten: .. bread .. |
| (b) Nut Albumen | 1. Almond .. cake .. |
| | 2. Cocoanut .. cake .. |
| (c) Milk Albumen | 1. Plasmon : .. biscuit ..
(may add to any liquid.) |
| | 2. Proteine : .. biscuit ..
bread .. |
| | 3. Casoid : .. bread
biscuit |

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12. Eggs : the very centre of nutrition. HEINRICH STERN advises a dietary of the yolk of eggs which contain a high percentage of fat and do not increase acetone substance.

13. "G. B." Diabetes Whisky for Alcoholics. Alcohol is said to aid the digestion of fat and to make up for the loss in heat-units, and is therefore recommended as a beverage. Coca Wine relieves thirst and acts also as a nervine tonic. (*The Dietetic Treatment of Diabetes* by DR. B. D. BASU, p. 32.)

The use of alcoholic drinks is not essential for persons suffering from diabetes. (*System of Medicine by Allbutt and Rolleston, Vol. iii, p. 204.*)

Dry wines are allowed in advanced cases, since alcohol :—

- (1) has a large caloric coefficient,
- (2) limits the formation of acetone,
- (3) assists the assimilation of sugar,
- (4) favours the digestion of fats, and the metabolism of albumin.

(*Journ. des prat, April 23, 1910.*)

14. Fried green vegetables of mustard are said to be efficacious.

15. Cocoanut milk is a very useful beverage for diabetics.

N.B.—Avoid too much starch, sugar, liver and oyster as glycogen is the form in which carbohydrate is present in oyster (*Practical Dietetics* by DR. A. F. PATTEE : p. 206).

16. Fresh juice of "Amloke" causes sugar to disappear within a fortnight : it is laxative.

17. "Salup misree" is very efficacious. Boil a teaspoonful in half a pint of milk till dissolved.

In conclusion the writer recommends the following advices :—

Change your diet, give up eating sugar sweet and too much starchy food, avoid intellectual labour worry and anxiety and take exercise and little opium if required.

Entremets for Diabetics.

Dr. LE GOFF (*Gazette des Hopitaux*) gives some useful formulæ for the preparation of entremets for diabetic subjects :—

Almond cake.

Crush $\frac{1}{2}$ lb. of hulled almonds (*i. e.*, plunge in hot water and remove the skins) in a mortar, add two eggs, triturate and place in mould duly smeared with butter. Cook for twenty minutes. This may be slightly salted, or flavoured with vanilla or lemon.

A lighter cake may be made up by adding $\frac{1}{2}$ drachm of bicarbonate of soda and 15 gr. of tartaric acid taking care to mix them thoroughly with the paste.

Pancakes.

1 oz. of gluten flour, $\frac{1}{2}$ oz. of almond flour, one egg, 5 oz. of milk, a little salt and a tablespoonful of glycerine. Beat up the egg and mix it thoroughly with the two flours, then add the milk, salt, and glycerine. Put the paste aside for three hours, then proceed as for ordinary pancakes.

Vanilla pudding.

(Von Noorden): Milk, 5 oz., butter, $\frac{1}{3}$ oz.; maizene flour, $\frac{1}{2}$ oz.; whisked egg; crystallose and vanilline *q. s.* to sweeten and flavour. This formula only comprises $\frac{3}{4}$ oz. of carbohydrates.

Custard.

Two eggs, six saccharine tablets, $\frac{1}{2}$ pint of milk. Dissolve the tablets in the milk and heat gently. pour it on the well-beaten eggs, and put the mixture into a saucepan. Boil gently, stirring all the time. Add a teaspoonful of brandy.

The following is an extract from the *Diabetic number of the Practitioner* :—

Protene Bread.

4 oz. of No. 2 protene (The Protene Co., 36, Welbeck Street, London, W.), 2 oz. of Butter, 2 Eggs. Beat all together thoroughly. Divide so as to form 8 small coles. Bake in oven.

Protene and Coconut Bread.

Mix together 1 tablespoonful of lukewarm water, $\frac{1}{4}$ oz. of German yeast, 3 tablespoonfuls of desiccated coconut powder. Cover and leave in a warm place for about 20 minutes, until it is spongy: then add 3 tablespoonful of branprotene a pinch of salt, 1 egg well beaten up with a little milk. Mix all well together, place into tins, bake 20 minutes or longer.

Coconut Cakes.

1 oz. of German yeast, 4 tablespoonfuls of lukewarm water, 16 oz. of desiccated coconut powder. Mix into a paste adding a little more lukewarm water if necessary. Leave in a warm place for 20 minutes. Then add 2 eggs (beaten up in 3 or 4 tablespoonfuls of milk) and a little salt. Mix well. Place into 16 small dishes or tins (well greased). Bake in a moderate oven 20 or 30 minutes.

(Almond cakes may be made in a similar manner using almond flour in place of coconut flour.

Coconut Pudding.

$\frac{1}{4}$ oz. of German yeast is mixed in a little lukewarm water with $\frac{1}{4}$ lbs. of desiccated coconut powder. The mixture is kept in a warm place for 15 minutes. Then $\frac{1}{2}$ oz. of butter, a pinch of salt, and a little milk are added. All must be well mixed. The mixture is placed in a pudding dish and baked in a moderate oven for 20 or 30 minutes until the surface is brown. This pudding can be eaten warm or cold.

It may be taken with custard and sweetened with saxon.

Aleuronat and Coconut Cakes.

2 oz. of desiccated coconut powder are mixed with a little water containing a small quantity of German Yeast. Make a paste and keep it for $\frac{1}{2}$ hour or longer in a warm place. Thus the coconut paste becomes spongy.

2 oz. of Aleuronat, one egg beaten up and a small quantity of water in which a little saccharine or saxin has been dissolved are now added to the cocoanut and the whole well mixed until a paste is formed. This is spread out on a tin and divided into cakes which are baked in a moderate oven for 20 or 30 minutes.

Cocoanut and Plasmon Cakes.

Mix: together 2 tablespoonfuls of cocoanut powder, a little luke warm water and $\frac{1}{4}$ oz. of German Yeast so as to form a stiff paste. Allow it to stand (covered) in a warm place for about 10 minutes, until it becomes spongy, then add 3 tablespoonfuls of plasmon, a pinch of salt, 1 table spoonful of glycerine and one egg well beaten up with a tablespoonful of milk. Mix all together. Divide into 4 to 8 tins. Bake for 20 minutes or more.

Protene and Almond Bread.

Mix. $\frac{1}{4}$ oz. of German Yeast with 2 tablespoonfuls of luke warm water and 1 oz. of almond flour (ground almonds). Allow the mixture to stand in a warm place for 10 minutes, then add 4 oz. of No. 2 Protene, 1 egg (beaten up), a little salt, $1\frac{1}{2}$ oz. of butter and a little milk. Mix all well together with a fork. Divide into coles, or place into small tins and bake.

Roborat Bread.

(Messrs. Woolley & Co. Chemist, Manchester.)

To $\frac{1}{4}$ oz. of German Yeast add 2 tablespoonfuls of luke warm water and 4 oz. of Roborat and mix into a paste with a little more water. Allow the mixture to stand in a warm place for 5 minutes, then add 1 egg (beaten up in a little water), 1 oz. of butter and a pinch of salt. Mix all together into a paste with a fork, adding a little more water if necessary. Place into small tins and bake for 20 minutes.

Dietary for the Diabetic as sketched by Prof. Pavy.
May eat.

Butcher's Meat of all kinds.
 Ham, Bacon, or other smoked, salted, dried or cured meats.
 Poultry. Game.
 Shell-fish and Fish of all kinds, fresh, salted, or cured.
 Animal Soups not thickened, Beef-tea and Broths.
 The almond, bran, gluten, or other allowable substitute for ordinary bread.
 Eggs dressed in any way
 Cheese Cream Cheese.
 Butter. Cream.
 Greens. Spinach. Turnip-tops. Turnips.
 French Beans. Brussels Sprouts.
 Cauliflower. Broccoli. Cabbage.
 Asparagus. Seakale. Vegetable Marrow. Mushrooms.
 Watercress. Mustard and Cress. Cucumber. Tomato.
 Lettuce. Endive. Radishes. Celery. Rhubarb.
 Vinegar. Oil. Pickles.
 Jellies and Custards sweetened with Saccharin.
 Savoury Jelly.
 Blanc-mange made with isinglass or gelatine and cream.
 Nuts of any description, except Chestnuts.
 Olives.

Saccharin may be used as a sweetening agent whenever desired.

Must avoid eating.

Sugar in any form.

Wheaten Bread and Biscuits of all kinds.

Rice Arrowroot. Cornflour. Oatmeal. Sago. Tapioca. Macaroni
 Vermicelli.

Potatoes. Carrots. Parsnips. Beetroot Jerusalem Artichoke.
 Spanish Onions. Peas. Broad and Haricot Beans.

Pastry and Puddings of all kinds.

Fruit of all kinds (Lemons excepted), fresh and preserved.

May drink.

Tea. Coffee. Cocoa from nibs.

Dry Sherry. Claret. Dry Sauterne Burgundy. Chablis. Hock
 Brandy, Whisky, and other unsweetened Spirits.

Soda, and other Aerated Table Waters.

Light Dinner or Bitter Ale in small quantity.

Must avoid drinking.

Milk, except sparingly.

Sweet Ales, mild and old. Porter and Stout. Cider.

All Sweet Wines. Sparkling Wines. Port Wine, unless sparingly.
 Liqueurs.

R. T. WILLIAMSON'S DIETETIC CHART.

Articles of Food.

Sanctioned.

Butcher's meat of all kinds (except liver).
 Potted and preserved meats.
 Ham, tongue, bacon, poultry, games.
 Fish (fresh, dried and preserved) sandus
 shrimps.
 Bone marrow.
 Broths, animal soups and jellies (prepared
 without the addition of sugar or
 starch).
 Eggs, cheese, cream.
 Butter, suet, oils and fats.
 Custard (without sugar)
 Reliable bread substitute.
 Green vegetables, salad mustard and cress,
 watercress, endive, lettuce, spinach,
 turnip-top cabbage, croccoli, brussels
 sprouts, spring onion, French beans,
 asparagus, rhubarb, cauliflower, vegetable
 marrow, tomatoes, rhubarb, melon,
 strawberries, green gooseberries (unripe),
 shaddock.
 Cucumber.
 Mushrooms
 Pickles (cucumber, walnuts and onions).
 Nuts (walnuts, almonds, filberts, hazel nuts,
 brazil nuts) but not chestnut
 Saccharine, kryсталlose, sacm

Forbidden.

Sugar.
 Sweets and farinaceous arti-
 cles of food.
 Pastry and farinaceous pud-
 ding,
 Rice.
 Sago.
 Arrowroot and tapioca.
 Macaroni
 Vermicelli,
 Semolina
 Potatoes.
 Wheaten breads.
 Biscuits.
 Carrots turnips.
 Parsnip.
 Beetroot.
 Beans
 Peas.
 Large onions,
 Liver.
 Oyster.
 Cockles
 Mussels.
 Puddings, crabs & lobsters.
 Honey
 All sweet fruit and dried
 fruits (esp grapes).

Beverage.

Sanctioned.

Water, soda, lithia, potash and seltzer water.
 tea, coffee, brandy in small quantity
 sugar free milk.

Forbidden.

Sweet Lemonade, Sweet
 Wines, most fruit juices and
 syrups
 Liqueurs.
 Beer, Ale, Porter, Stout,
 Rum and Sweetened Gin.
 Cocoa and Chocolate, milk
 in large quantities.

But it is much more difficult to explain those cases in which although the proper amount of food is taken and sufficient exercise is indulged in, obesity develops.

2. **Constitutional obesity** may be classified as follows:—

- (a) primary thyreogenic obesity, dependent on actual changes in the thyroid such as atrophy, degeneration, functional weakness and so on; the gland situated in the neck leads to impairment of oxidation processes, of the system.
- (b) secondary thyreogenic obesity, that is to say, functional anomalies of the thyroid on the action of other organs, such as the pancreas, hypophysis cerebri suprarenals, thymus, pineal gland, and perhaps other organs also, so-called chemical correlations by means of internal secretions.

This form is mostly due to derangement of the pancreas gland in the intestines which gives out a starch-digesting fluid. This causes impairment of the oxidation processes and results in impaired nutrition of the muscles and glands. The result is the storage of carbon in the form of fat. A person in this condition is starving, though he may be excessively fat. These people are feeble and anæmic and have a tendency to dropsy.

Treatment:

The only sound treatment of obesity is that based on a reduced dietary and physical exercise, in other words, we must increase physiological requirements and diminish the intake, so as to oblige the organism to live in part on its reserves, and thus gradually restore the balance between income and expenditure. To be durable the treatment must be prolonged.

For practical purposes the treatment is divided into the following groups viz:—

- (i) Medical.
- (ii) Hygienic.
- (iii) Dietetic.
- (iv) Sinclair's plan of fasting.

(I) Medical treatment :**General direction :**

In every case of obesity the physician will find :—

- (a) poor digestion.
- (b) improper assimilation.
- (c) deficient excretion.

Hence the rational plan of treatment will be :—

- (a) to remove the cause.
- (b) to open bowels by purgatives followed by antiseptics
e.g., sulphocarbolates.
- (c) to promote excretion of lungs, skin, liver, kidneys, and
bowels.

When you remove the real causes of the disease, the improper digestion, assimilation and excretion, Nature will remove the fat. Forced removal of fat is worse than useless — it is always harmful.

The most dangerous condition in obesity is the enervation. Rapid starvation and forced reduction increase enervation.

For primary thyreogenic obesity give to the patient 3—5 grs. of fresh thyroid gland with gradually increasing doses.

Discontinue it at the very first sign of some disturbance, and never go up above 15 grains a day even it is well tolerated.

Reduction in weight occurs: when reduction reaches 20 pounds stop giving it; after a lapse of 3 weeks continue the medicine in grain doses to keep up the efficacy of the remedy.

For secondary thyreogenic obesity try to remove the cause by suitable remedies, viz., pancreatic extract in pancreatic cases, adrenalin in suprarenal cases, &c.

(II) Hygienic treatment :

A glass of warm water is an excellent anti-fat remedy; it should be taken by sips early in the morning on an empty stomach.

The patient may take with advantage some mineral waters *e.g.*, apenta, rubinat &c., if there is a tendency to constipation.

Exercise plays an important part in the roll of the disease.

Exercise has a double action—it accelerates the oxidation processes within the organism, and, by giving the muscles work to do, it tends to fix the nitrogen.

The writer recommends the following :—

1. Walking.
2. Horse riding.
3. Rolling on a smooth floor several times in a line within his endurable power. The reason that rolling reduces flesh is because it stimulates the circulation, thus oxidising the blood, causing it to burn up the carbon or fatty tissue. The pressure against the hard floor is like the pressure of a hand or the mechanical pressure of some of the massaging instruments. When you roll on the floor you are giving yourself an easy massage treatment, so if you want to get thin, roll.
4. Sandow's method of exercise.

Many plans are now advised for the reduction of fat, the most important of which are those of Banting and Ebstein.

In the Banting method the amount of food is reduced, the liquids are restricted, and the fats and carbohydrates excluded.

Ebstein recommends the use of fat and the rapid exclusion of carbohydrates.

The so-called "dry cure" of obesity, will not enable us to achieve the object we have in view. At most it enables the patient to get rid of the surplus water in his tissues, and, by restricting the quantity of fluid taken with meals, we to some extent spoil the appetite.

The Sweating process for the reduction of superfluous weight is dangerous and must be employed with caution.

This is caused by the application of a high degree of heat as in the hot and steam room. The prolonged and excessive heat increases rapid chemical changes in the body, with the result that the fat is rapidly burned or melted down and gotten rid of by means of perspiration and through the kidneys. Although this method breaks down fat it also has a similar effect, but in a less degree, upon the muscles, heart, nerves and secretory glands, doing harm and often leaving the patient in a weakened and depressed condition with impaired appetite and broken sleep.

Drinks :

No water must be taken with meals.

However, one should drink a glass of water one hour before or two to three hours after meals.

This is necessary to flush the kidneys

Hot-air and vapour baths are specially useful when the progressive loss of weight is beginning to slow down. These baths act in two ways: (1) by dehydration, and (2) by causing perspiration, which means loss of heat, thus burning up the fat.

Galen says :—

“The best mode of getting thinner consists in gradually withdrawing from the body that whereof there is superfluity, and in strengthening at the same time those parts which have been expanded. Bodily exercise will, undoubtedly, prove very advantageous, as we see stout horses getting lean by heavy work. Thus, likewise, those will never grow fat who are obliged continually to toil with hard labour. This, however, requires great precaution, it being certain that fat people frequently run danger of death when attempting violent bodily exercise. Energetic bodily exercise, a moderate life, and a diet which, although satiating, yields but little nourishment.”

(III) Dietetic treatment —**Forbidden :**

All fat and fatty meats goose, duck, pork.

All fatty fish—as salmon, eels, &c., &c.

All light farinaceous puddings.

Potatoes, peas, beans (except green French beans) and the like.

Butter cream, milk.*

All sweet preserves : all sugar with and without food.

All sweet wines and liqueurs ; all beers.

(It is also forbidden to drink during meals).

Permitted :

Lean meat and lean game or poultry *in moderation*.

Lean ham, tongue, and the like.

Fish without rich sauce or butter, and not of the fat kinds, may be eaten with lemon juice or vinegar.

Green vegetables cresses, lettuce, endive, and such like.

Fresh fruit in small quantity (not the highly saccharin kinds).

A small quantity of dried toast or plain hard biscuit

* Moritz *Jour. of American Medical Association*, September 5th, 1908 advocates exclusive milk diet—three to five pints a day.

Its advantages are :—

- (i) it relieves thirst and hunger.
- (ii) it is free from salt.

Its disadvantages are :—

- (i) it tends to cause constipation.
- (ii) it may cause headache or backache with depression if the weight declines too rapidly.

One or two glasses of dry light wine or a table-spoonful of whisky in water after lunch and dinner.

Tea or black coffee without sugar at breakfast and tea time.

The writer could not help quoting the valuable suggestion of Burney Yoe.—

“The albuminates in the form of animal food should be strictly limited. Farinaceous and all Starchy foods should be reduced to a minimum. Sugar should be entirely prohibited. A moderate amount of fats should be allowed.”

PROFESSOR ALBU, OF BERLIN.

(*Therap des Geg.*, November 1907) advocates.

The Vegetarian Treatment in Obesity.

THIS treatment consists in limiting the diet exclusively to foods of vegetable origin. for the most part of a coarse kind and in part raw.

It is to be remarked that vegetable foods are poor in fats, comparatively poor in albumin. and that the carbohydrates enclosed in more or less insoluble cellulose envelopes, are only assimilated in part

The diet should consist in the main of bread, fresh vegetables, salads and stewed fruit. It is unnecessary to exclude potatoes.

The vegetable reduction cure is contraindicated in cases of complicated obesity. especially in presence of digestive disturbances and a fat-laden heart.

Prof. Albu's Table.

Per cent.		Albumin.		Fats.		Carbohydrates.		Calorics.
Butter	...	0.5	...	84.6	...	—	...	788
Skimmed milk	...	4	...	0.93	...	3.4	...	41
Soured milk	...	3.4	...	5.55	...	3.5	...	62
Bread	...	7.5 to 9	...	0.4 to 1.4	...	5	...	230 to 250
Boiled potatoes	...	1.95	...	0.15	...	21	...	96
Fried potatoes	...	1.9	...	3.3	...	21	...	96
Potato Salad	...	1.6	...	9.2	...	18	...	163
Carrots	...	1.1	...	3.2	...	8.4	...	70
Turnips	...	0.6	...	2.6	...	4.9	...	47
Cauliflower	...	2.1	...	3.9	...	4.5	...	63
Cabbage	...	0.9	...	5.3	...	3.8	...	68
Sauerkraut	...	0.9	...	3.9	...	7.6	...	69
Spinach	...	3.9	...	5.7	...	5.6	...	89
Asparagus	...	2	...	0.3	...	1.3	...	18
French beans	...	2.37	...	4.17	...	3.84	...	63
Mushrooms	...	25.38	...	2.74	...	6.3	...	93
Endives	...	1.7	...	0.1	...	2.5	...	18
Cucumber	...	1.2	...	0.1	...	2.5	...	18
Radishes	...	1.9	...	1.1	...	8.4	...	43
Celery	...	1.5	...	0.4	...	11.18	...	58
Tomatoes	...	0.5	...	0.2	...	3.7	...	19
Melon	...	0.8	...	0.3	...	6.3	...	29
Onions	...	1.7	...	0.1	...	10.8	...	52
Raw apples	...	0.36	...	—	...	12	...	51
Stewed apples	...	0.3	...	—	...	13	...	54
Raw pears	...	0.36	...	—	...	11.18	...	50
Stewed pears	...	0.33	...	—	...	14.4	...	72
Raw plums	...	0.77	...	—	...	1.18	...	52
Stewed plums	...	0.36	...	—	...	13.1	...	53
Apricots	...	8.49	...	—	...	11	...	47
Grapes	...	0.6	...	—	...	16.3	...	69

The following is the ideal regimen for the obese as recommended by the writer :—

6 A.M. A glass of warm water or three ounces of apenta with 6 ounces of warm water to be taken by sips

7 A.M. Exercise

8 A.M. Toasted bread with little butter, or, plasmon whole meal biscuits and butter; one egg.

10 A.M. Hand made loaf*, dals· vegetables: 6 ounces of plainly cooked lean meat, or cold fowl. Soups and milk should be avoided.

Dont drink during meals.

11-30 A.M. A glass of cocoanut water.

1 P.M. Skimmed or fermented milk 8 ounces.

3 to 4 P.M. Abundance of ripe fruits.

7 P.M. Toasted bread, vegetables &c.,

N. B. it should be remembered that the use of alcohol, wines is one of the most common provocatives of obesity because it is a fat sparer.

IV.—Sinclair's plan of fasting.

Mr. Upton Sinclair proclaims to the world in the April "Contemporary Review" that if anyone is ill, low-spirited, too fat or too thin, he has only to fast to become perfectly well, to enjoy radiant good spirits, and to restore his body to ideal proportions.

Here is Mr. Upton Sinclair's proclamation of his great discovery.

The fast is to me the key to eternal youth, the secret of perfect and permanent health. It is Nature's safety valve, an automatic protection against disease which is the product of superfluous nutriment.

As soon as the fast begins, and the first hunger has been withstood, the secretions cease, and the whole assimilative system which takes so much of the energies of the body, goes out of business. The body then begins a sort of house-cleaning, which must be helped by a bath daily, and, above all, by copious water-drinking

* Teach patient to masticate the food, as a dog does meat.

**Colonel Harold Brown's experiment over
The Maharaja of Darbhanga.**

The Maharaja had absolutely taken nothing but water for six days, from the 30th April 1910 to the 5th of May and I took notes each day as to his weight girth, temperature and pulse, in order that he might not run any unnecessary risk.

He has stood the test extremely well, and at the end of the ninth day is remarkably fit. The only time at which he felt any distress was for some hours towards the end of the second day, when hunger, dizziness and general distress were marked: but these gradually passed away and there was not much discomfort subsequently.

The following table will show the result of the six days' fast on his weight girth and pulse.

		<i>Weight</i>	<i>Girth</i>	<i>Pulse.</i>
30th April 1910	Maharajah	... 12.8	44	..
1st May	..	... 12.6½	42	72
2nd May	..	.. 12.4½	40½	76
3rd May	..	.. 12.4	40	80
4th May	..	... 11.1	39	82
5th May	..	. 11	38½	92

In conclusion active muscular exercise, restriction of diet to the proper amount, hot baths followed by a cold shower in a closed room and in addition an occasional saline laxative to clean out the entire intestinal tract, are the essential points to remember for those undertaking the reduction of excessive weight.

The dietetic rules to reduce obesity are :—

1. To eat frequently.
2. To eat light meals.
3. To eat little at a time.
4. To abstain from drinking at meals.

Rheumatoid Arthritis.

(*Arthritis Deformans*).

Rheumatoid Arthritis consists of a degeneration and destruction of the joint cartilages attended by bony outgrowths leading to great deformity. The treatment is much the same as that for chronic rheumatism.

In the general treatment of arthritis deformans two main principles should be kept in mind, viz. :—

- (i) That this is a disease which tends to attack persons whose vitality is lowered and who are in popular phraseology “run down,” and that any lowering course of treatment, even if apparently beneficial for the time, tends to favour the progress of the disease.
- (ii) That any treatment, in order to be effectual, must be steadily persevered in for a long time.

Medical treatment:—

Iodides, arsenic and codliver oil, are recommended

Guaiacol carbonate is now much used and should be given where active disease exists in doses of 5 to 10 gr. repeated three or four times a day. The writer believes it to be specially applicable where the patient is suffering from some lung complication, and the dose may be gradually increased.

“Aspirin and phenacetin give relief to pain. Iron and arsenic are probably the most useful of all drugs for improving the general health (anaemia is always a symptom of the disease and requires treatment).” —Dr. Ernest A. Deut (*Practitioner*, September 1909,

Nathan in an article in the *American Journal of the Medical Science* for June 1909 reminds us of the well-known fact that up to the present time the prognosis in metabolic osteoarthritis was considered hopeless as regards the recovery from the joint condition and points out that *thymus* acts as a stimulant to the nutritive processes and probably counteracts the deleterious influence of the causative condition.

The thymus is given immediately with two 5 grains tablets thrice daily.

In two weeks the dose is increased to threetablets and after a few months three tablets four times a day are given.

240 DISEASES OF THE PERVERTED METABOLISM.

The patient is kept at rest until all symptoms of active joint disease have subsided.

The author then begins passive motion in all the affected joints.

His next step is to get the patient on his feet. Massage is unnecessary.

As soon as the patient is able to be upon his feet or use his joints without the appearance of joint irritation, all contracted tissues are divided with the tendome and the deformity corrected.

This, of course requires immobilization for 3 or 4 weeks: but with light plaster-of-paris bandages it does not preclude the use of the lower extremities.

Hygienic treatment :—

1. The patient should reside in a mild climate, preferable away from the sea, for sea air usually tends to aggravate the articular and other pains.

2. Dampness of air and soil should be avoided.

3. Woolen clothing should be worn next to the skin both in summer and winter.

4. A winter residence in a warm climate in which the fluctuation of temperature is not extreme is often very beneficial

Thermal treatment :—

1. Hot air treatment.

2. Electric bath treatment.

Dietetic treatment :—

Diet should be light but nutritious.

Meat should by no means be avoided, but the patient should be recommended to take nitrogenous food freely.

Twentieth Century, Practice of Medicine Vol. II Page 568.

Diseases of the Digestive System :

CHAPTER IV.

STOMATITIS.

Stomatitis means inflammation of the mucous membrane of the mouth.

For practical purposes it is divided into three stages, *viz.* Catarrhal, Ulcerative and Gangrenous (Cancerum Oris) ; Cancerum Oris is one of the worst complications of malaria and unless the pyogenic process be nipped in the bud it would surely end fatally.

The treatment divides into :—

1. Hygienic.
2. Dietetic.
3. Medicinal.

1. Hygienic treatment :

The mouth is the vestibule of the alimentary canal ; it serves as a gathering-point for the microbes. According to Miller's estimation, one unclean mouth harbours 1,140,000,000 cultivable bacteria, many of them of pathogenic character. The infections of the mouth may play an important part in the production of disease in the gastro-intestinal tract or in other parts of the body. The gums, by the way, are the barometers of our condition. If they are clear bright and red, we are in good health ; while if our blood is thin and wanting in the mysterious red corpuscles the gums will be pale and pink. The teeth are the natural grinding mills. If this dental machine be diseased the stomach will receive food in an improper way, hence every one should keep his teeth in good condition if he wants to pass his life with ease. One who never uses brushes, washes, powders or pastes in the mouth, possesses a regular cesspool of filth in the buccal orifice.

Dr. William Osler, Regius Professor of Medicine at Oxford, England, in an address to the students of the Royal Dental Hospital of London, said:—

“You have just one gospel to preach, and you have got to preach it early and you have got to preach it late, in season and out of season. It is the gospel of cleanliness of the mouth, cleanliness of teeth, and cleanliness of the throat. These three things must be your text throughout life. In oral-hygiene of the mouth—there is not one single thing more important to the public in the whole range of hygiene than that, and it is with that you as practitioners will have to deal.”

(ii) Wash the mouth antiseptically each time you take your meal liquid or semi-liquid.

(iii) Remove bits of food especially meat which may harbour between the teeth by quill or silk thread passed between the teeth and under the free margin of the gums.

(iv) In case of the infants of the breast the mother should keep her nipples clean.

2. Dietetic treatment—

(i) Carefully feed the patient on slop diet from time to time.

(ii) Plenty of concentrated liquid *e.g.*, Horlick's Malted Milk, Mellin's Food, Plasmon, Sanatogen, etc., must be given at frequent intervals.

(iii) Avoid solid foods which mechanically irritate the part.

(iv) Panopepton or palatable peptone at frequent intervals.

3. Medicinal treatment—

Antiseptic *acid* gargle is recommended by Miller.

(a) To quote the words of Prof. W. D. Miller:—

“As a mouth wash, we need above all a solution which acts quickly, and which does not simply prevent the development of micro-organisms while it is acting, but which devitalizes them:

It is seldom that any one, in rinsing his mouth, will retain the wash longer than one minute, and an antiseptic mouth-wash, to be efficient, should be able to devitalize the micro-organisms with which it comes in contact within this short time.” (*Micro-organisms of the Human mouth*).

Prof. Miller recommends the following :—

R.

Saccharin.	gr. x.
Acid benzoic	gr. xiv.
Tinc. Krameriaæ	ʒj.
Oil. Menth pip :	mij.
Oil : cinnamomi :	mij.
Absolute Alcohol	ʒj.

Mft. One part of this solution to nine parts of tepid water, held in the mouth for one *minute* will effectively sterilize the oral cavity. The saccharin has been found to considerably add to the value of the wash.

(b) Antiseptic *alkaline* mouth-wash in lukewarm water has been in vogue from days of yore.

(i) Pot : chloras in solution or in concentrated tablet form is spoken off highly by authorities : its action is both local and constitutional.

The salt when swallowed is excreted unchanged with the saliva.

The writer's favourite formula :—

R

Pot. Chloras	ʒiv.
Tinc. Myrrh.	ʒiv.
Glycerine	ʒij.
Aq. Rosæ	O. j.

Mft. one ounce of the solution with an ounce of lukewarm water for gargle.

(ii) Alkathymol, Glycothymolin, Listerine, Formalactol.

Direction of use :—One drachm of medicine in an ounce of water for mouth wash.

2. A very excellent mouth-wash for chronic septic gingivitis is as follows :—

R.

Acid Salicylic	
Acid Benzoic	aa gr. xvi.
Tinc : Krameriaæ.	ʒiss.
Absolute alcohol	ʒj.

Mft. a teaspoonful to a small wineglassful of tepid water as a mouth-wash.

The Salicylic acid, besides being a powerful germicide has a caustic action upon the gums, and this together with the astringent effect of the rhatany, makes the wash an useful one for such cases.

3. In case of Cancrum Oris :

(i) Remove the gangrenous part by cauterly or knife; swab the part with acid (pure carbolic or fuming nitric) or strong silver sol; Nargol gr. xxx in half an ounce of water.

N.B. The neighbouring mucous membrane must be protected by the application of oil and a saturated Sol. of Potassium carbonate to control the extent of corrosion.

(ii) Spray the mouth with hydrogen peroxide sol. from time to time.

(iii) Stop bleeding by touching the part with liq. Adrenalin 1 in 1,000.

(iv) Remove fetid odour by the application of condy's fluid to the affected part.

Internally :—

Use compressed tablet of formamint (a combination of formaldehyde with menthol and sugar of milk) every four hours to keep the buccal orifice aseptic.

The writer recommends general tonic with bark and ammonia, as follows :—

R.

Spt : Ammon. Aromatic :	mx.
Tinc : Nucis Vomicae	miv.
Tinc. Cinchonae Co.	ʒss.
Dec : Cinchonae	ad. ʒj.

Mft. for a dose. Sig : one thrice a day.

During convalescence—

R.

Quininæ bi-hydro-chloride :	gr. ii.
Syr. Ferri per chloride : (P. D. & Co.)	m xx.
Liq : Arsenic Hydroch.	m ii.
Liq : Strychnine Hydroch.	m ii.
Spt. Chloroformi.	mx.
Inf. Calumba.	ad. ʒj.

Mft. for a dose : sig : one thrice a day.

TONSILLITIS.

Tonsillitis means inflammation of tonsils. The classical symptoms are :—

- (1) High fever.
- (2) Full bounding pulse.
- (3) Dysphagia.

Tonsils play a very important part in admitting the various infecting microbes ; They are so to speak the gate-way of allowing microbic invasions. Hence a man with enlarged tonsils may be susceptible to any infective disease.

There are three clinical forms of tonsillitis. *Viz* :—

(i) Superficial in which there is a diffuse inflammation of the mucous membrane of the tonsil.

(ii) Parenchymatous in which the deeper tissues of the tonsil are affected.

(iii) Peritonsillitis : in which the connective tissues round the tonsil are involved.

There are two varieties of treatment :—

1. Preventive.
2. Medicinal.

1. Preventive treatment.

Tonsillitis is certainly infectious ; hence kissing should as a rule be prohibited.

2. Medicinal treatment.

- i. Open the bowels by saline aperient.
- ii. Writer recommends drop doses of Tinc. Aconite as follows :—

R.	
Tinc. Aconite	mi
Liq. Ammon Citratis	ʒii
Sodii Citras	gr. ii
Spt. Ammon Aromatic	mx
Inf. Digitalis	ʒi
Aq. Aurantii floris	ad. ʒi

Mft. for a dose : sig. one every three hours.

iii.

℞

Sodii Salicylus	gr iiss
— Bromide	gr v
— Sulph	ʒ ss
Tinc : Hyoscyamus	m x
Aq : Chloroformi	ad ʒi

Mft. for a dose : sig: one every four hours

iv. Guaiacum lozenges are good in parenchymatous tonsillitis.

v. Spray of medicated vapour from steam atomiser or inhalation of steam or gargling with warm water, serves the purpose of internal fomentation and thereby relieves pain.

vi. G. Fettero (*Ther. Gaz.* Nov. 18. 1908) recommends local application of aspirin over acute follicular tonsils.

A cotton-tipped probe is moistened, and then dipped into powdered aspirin.

With the probe thus prepared, every portion of the tonsillar surface is carefully rubbed over. Usually three applications of aspirin at intervals of twelve hours will be found sufficient, while at the end of thirty-six hours the patient can, as a rule, swallow with a minimum of discomfort.

vii. Touch the tonsils with any of the following :—

(a) ℞.

Nargol	gr. xv
Aq : Distil.	ʒiv

(b) ℞.

Tinc : Ferri perchloride	
Glycerine	aa ʒiv

(c) ℞.

Glycerinum Acidi : Tannici	
Boroglycerine	aa ʒiv

N.B.—The question naturally strikes one, is tonsil to be removed when inflamed? in reply the writer can not help quoting the following lines from Allbutt's system of Medicine P. 775 vol : iv :—

“Tonsils, as a rule should not be removed when inflamed ; to this rule, however, two exceptions may be given ; namely when in children respiration is greatly embarrassed by the tonsillar swelling, and when in adult tonsillitis has repeatedly occurred.”

Surgical treatment :—

1. Galvano-cautery : when the galvano-cautery is employed, the reduction of the tonsils will require 6, 8, or 10 sittings, according to the degree of enlargement, at intervals of three days to a week. The amount of reduction will have to be determined on the merits of each case.

PHARYNGITIS.

Pharyngitis or inflammation of the pharynx is of two kinds :—
Acute and Chronic.

Acute pharyngitis :—

Open the bowel by saline aperient. A mustard plaster externally, a hot mustard water foot bath, a dose of Dover's powder at bed time and inhalation of medicated vapour through a steam atomiser are the essence of treatment.

Chronic pharyngitis :—

Touch and thereby destroy enlarged granular lymphoid follicles with any of the following :—

1. Chemically.

(i)

R.

Resorcin gr. x

Menthol gr. v

Glycerinum Acidi Tannici : ʒi

Mft, to apply once a day early in the morning on an empty stomach.

(ii)

R.

Nargol :

gr xx

Aq :

ʒ ss :

To apply. locally.

(iii) Trichlor-acetic acid.

(iv) Lactic acid.

(v) Liq adrenalin (1 in 1000.)

2. Mechanically.

(i) Galvano-cautery.

(ii) Red hot probe.

Suck any of the following :—

(i) Eucaluptus and Menthol pestil : (Allenbury's):

(ii) Tabloid acidi Benzoici Co :

(iii)

R.

Apo. morphin hydroch.

gr. 1/32.

Creasotal

mi

Cubeb

gr. ½

Menthol

gr. ¼

(Glyco. gelatin q.s.

Mft. for a pestil : Sig. : one thrice a day.

Inhale the vapours of any of the following :—

(i) Ammon Chloride. through an atomiser.

(ii)

R.

Pinol.

Oil Eucaluptus

aa ʒi

Through a Steam atomiser :

DYSPEPSIA.

Before describing the treatment of dyspepsia, the writer thinks it is desirable to say a few lines about the *physiology of the appetite*. Spriggs (*the Hospital*) remarks that there are two kinds of gastric secretions—viz :—

- (1) Appetite juice,
- (2) Chemical secretion of juice.

The former acts generally as a stimulant for the flow of the latter,

- (1) The appetite juice is poured forth on the thought (Psychical influence), sight, smell, or taste of food, independently of whether any food enters the stomach or not.

The nervous impulses which provoke its secretion, are carried to the stomach by the vagus.

Bitters, when given immediately before food, increase the secretion of the appetite juice. Pain, anger, discomfort or bad news inhibits the secretion of the juice.

- (2) Chemical secretion of juice is poured forth if the products of protein digestion artificially prepared are introduced in the stomach *e.g.* soup made by stewing meat or bones.

Hence it is rational to drink soup at the beginning of a meal.

Cool water and warm fluid are excitants of gastric juice, while ice-cold water is a powerful depressant of the secretion.

Experiment has shown that if water is given before a meal it is passed out of the stomach in from 10 to 25 minutes.

It follows that loss of appetite is the harbinger of dyspepsia and bears a double penalty, viz :—

- (1) loss of appetite juice.
- (2) loss of chemical secretion of juice.

Dyspepsia in the truest sense of the term is not a disease ; it is like fever a symptom of some latent disease ; it arises from the disorder in the digestive system whether functional or organic. It is induced by imperfect mastication, bolting of meals, too much fluid with meals, hard mental or physical work immediately after eating, too cold or too hot food, food badly cooked, excess of tobacco smoking, etc. Greasy and fried foods cause dyspepsia because the gastric juice cannot penetrate the coating of fat.

Pawlow observed that a dog which was the subject of a gastric catarrh produced an incessant slimy acid secretion. In such an animal a flow of appetite juice might be obtained, but the second chemical secretion was not.

Spriggs suggests two lines of treatment :—

1. to arrest the incessant flow of juice periodically by bicarbonate of soda, bismuth subnitrate etc., so as to give the glands an opportunity to recover.
2. to arrange the food so that the appetite juice alone may be expected to digest it. Small meals should be given at frequent intervals.

For clinical purpose dyspepsia is divided into two varieties :—

i. Acute Dyspepsia.

ii. Chronic Dyspepsia.

1. Atonic dyspepsia.
2. Acid dyspepsia.
3. Nervous dyspepsia.
4. Fermentative dyspepsia.
5. Irritable dyspepsia.
6. Dyspepsia of liver origin.
7. Dyspepsia with oxaluria.
8. Dyspepsia with uterine trouble.
9. Dyspepsia of scurvy.
10. Dyspepsia of the diabetic,

11. Alcoholic dyspepsia.
12. Dyspepsia of old age.
13. Pharyngitis dyspeptica.
14. Uro-Kinetic dyspepsia.
15. Gallstone, colitis, chronic appendicitis, abdominal angina etc. stimulating dyspepsia.

I. **Acute Dyspepsia** is caused by too large meals, errors in diet, excess of alcohol, etc.

Treatment.—Assist vomiting by tickling the fauces; milk with sodii citras is the ideal food; the dyspepsia usually passes off in two or three days. During convalescence, give Liq. Bismuth et pepsin Co. in drachm doses after meals.

II. Chronic Dyspepsia.

I. **Atonic Dyspepsia** is due to deficiency of the hydrochloric acid in the gastric juice. The food undergoes butyric acid fermentation.

The indications for treatment are :—

- (a) to remove dietetic errors.
- (b) to stimulate the secretory and motor powers of the stomach, by alkalies with nux vomica, carminative and bitters before meal. Sodii bicarb acts as a stimulant to the gastric juice, increasing the secretion of hydrochloric acid and thereby aids digestion, but not of pepsin; hence it is given immediately before meal in small doses.

R. S. Lavenson in (*the Archives of Internal Medicine of september 15th 1909*), remarks that bitter tonics taken by the mouth do not act directly upon the gastric mucosa as secretory stimulants, but reflexly increase secretion through the gustatory nerves. However disagreeable their taste may be, bitter tonics must be administered in solution as the stimulation of the taste organs is essential.

The following are the best prescriptions for atonic dyspepsia :—

- (1) R.
- | | |
|-----------------|---------|
| Sodii bicarb | gr. x |
| Sodii citras | gr. vii |
| Inf. Cascarilla | ad ʒ. i |

M.ft. for a dose : Sig. Half an hour before each meal.

Burney Yoe's formula.

- (2) R.
- | | | |
|------------------|-----|------------|
| Tinc. Cascarilla | ... | .. ʒ. iiss |
| „ Rhei | ... | .. ʒ. v |
| „ Nucis Vomice | ... | .. ʒ. iiss |
| „ Gentian | ... | .. ʒ. x |
| „ Aurantii | ... | ad ʒ. iiv |

M.ft. Dose—Two teaspoonfuls in water quarter of an hour before meal.

- (3) R.
- | | | |
|--------------------|-------|---------|
| Sodii bicarb | .. | gr. x |
| Tinc. Nucis vomice | .. | m. iiii |
| Spt. Chloroformi | .. | m. x |
| Tinc. Gentian. Co. | .. ad | ʒ. i |

M.ft. for a dose, Sig : To be given quarter of an hour before meal.

To aid digestion by pepsin, pancreatin, Taka diastase, papain, etc. the writer recommends the following :—

- (1) R.
- | | |
|----------------|---------------|
| Pepsin | |
| Taka diastase. | |
| Pancreatin | ā ā ... gr. i |

M.ft. for a pill, Sig : One twice a day after meal.

(2). *Enzyme Cordial*—(Corbyn :)

- R.
- | | |
|--------------------|----------|
| Pepsin | gr. i |
| Pancreatin | gr. ss |
| Diastase | gr. 1/16 |
| Acid hydroch (Dil) | m. iiii |
| Acid Lactic Conc. | m. 1/10 |

Dose :—2 to 4 fluid drachms after meal.

- (3) Tryp-tase (*oppenheimer and Sons*). Dose a teaspoonful twice a day after meal.

Writer's favourite formulae are :—

(4) R.		
	Elix. Pepsin	5 <i>i</i>
	Liq Taka -diastase.	5 <i>i</i>
	Spt. Chloroformi	m.x
	Essence Menth. pip.	m.x
	Aq. Ptychotis	ad 5 <i>i</i>

M.ft. for a dose : Sig. One twice a day after meal.

(5) R.		
	Glycerini acidi pepsin.	5 <i>i</i>
	Acid Hydrochloric dil.	m.x
	Tinct. Nucis vomicae.	m.iv
	Tinc. Cardamomi. Co.	m.xx
	Aq. Carui.	ad 5 <i>i</i>

M.ft. for a dose : Sig. One twice a day after meal.

2. Acid Dyspepsia:

(i) *Hyperchlorhydria*.

(ii) *Hypersecretion*.

1. Hyperchlorhydria due to hypersecretion of hydrochloric acid in the stomach : pepsin remains constant in amount.

Treatment is mainly dietetic :—

Prof. Savill is of opinion that proteid diet relieves the condition, while the writer has learnt from experience that hyperchlorhydria is induced by constant proteid over-feeding.

The patient may be allowed to drink during meals ; as a matter of fact, drinking large quantities of fluid helps to dilute the gastric juice. The so-called acid mineral waters, *e.g.* Fachingen, Apollinaris *etc.* are particularly suitable. It is claimed that the CO_2 gas that is dissolved in these waters exercises a sedative effect, and that the alkaline Carbonate that they contain helps to neutralise the excess of HCl.

(*Nothnagel's Encyclopedia of Practical Medicine. Disease of Stomach Page 319.*)

Medicinal Treatment :—

(a) Sodii Bicarb. neutralizes any free acid present ; therefore it is given two or three hours after food in large doses. Soda mint tabloid may be sucked an hour after meal.

The writer recommends :—

(b) ℞.

Strontium Bromide	℥.iii
Ext. Gulancha liq.	℥.iiss
Ext. Nucis Vomicae liq.	m.xx
Ext. Cascara Sag. liq.	℥.i

Dose, a teaspoonful with water twice a day after meal.

(c) Atropin Sulph. gr. $\frac{1}{100}$ tabloid

or

℞

Atropin Methylbrom. gr. $\frac{1}{30}$

Aq. laurocerasi. ℥ij

Dose.—20 to 25 drops to be taken at night.

(d) Duboisin hydrochlorate gr. $\frac{1}{640}$ after meal.

(e) Hopogan (magnesium peroxide) relieves pain by neutralising excess of acid, and it is antiseptic. It is a white tasteless powder given in milk. Dose 20-30 grains to be taken an hour after meal. In gouty diathesis with hyperchlorhydria and fermentation it acts miraculously.

(f) Dr. Joslin (*Boston M. and S. J.*, 1898, cxxxviii., 389) has found tincture of nux vomica the only drug of value in this condition. He gives ten drops three times a day increasing one drop daily until a maximum daily dose of, sixty to ninety, drops is reached. At the same time outdoor physical exercise is enjoined, and massage employed where the motility of the stomach is at fault.

(g) Goodman (*New York Med. Journal* Nov. 6 1909) recommends hydrogen peroxide 1 to 2 drachms of 3 per cent. sol. in a glass of water, after meal.

(h) R

Sodii Bicarb	
Burnt magnesin	} ss ʒii
with	
sugar of milk	

Dose ten grains to a drachm twice a day after meal.

(i) Olive Oil :—

Dose a tablespoonful before meal or about two hours after meal. The oil coats over the mucous membrane and lessens the acid secretion.

(A system of medicine by Osler and Mc Crae, vol. v. Page 121).

(j) Electricity :—

In cases of a protracted nature, the direct application of the electric current to the inside of the stomach is frequently of the greatest benefit. The electricity exerts a stimulating tonic influence, not only upon the stomach, but also upon the small and large intestines.

(*Twentieth century Practice of Medicine* vol. viii p. 273).

(ii) Hypersecretion of gastric Juice :—

Classical Symptoms are :—

1. Pain or discomfort coming on sometime after food, the interval being longer when protein is taken in quantity, and shorter when starches or sugars are taken.

2. Eructation.

3. Pyrosis.

4. Hunger.

5. Vomiting of a large amount of acid fluid.

6. Alkaline urine.

(*The clinical Journal*, June 22, 1910.)

Treatment :—

1. Alkalies are given before the onset of pain.

2. Fluids are drunk an hour before meal.

In hypersecretion the patient should be advised against drinking too much ; because the ingestion of large quantities of fluid seems to favour vomiting.

(*Nothnagel's Encyclopedia of Practical medicine, Disease of stomach* P. 332.)

3. Very hot and very cold food and drinks must be avoided.

3. Nervous dyspepsia depends upon the disordered condition of the nerves of the stomach.

(a) Ext. Sumbul liq. acts admirably in this form.

(b) Cocaine hydrochlor gr. $\frac{1}{i}$ given three times a day in milk will cure the disease.

(c) Chloretone gr. 2 dissolved in water has cured a case under writer's treatment like a charm.

(d) Bromides and valerianates relieve gastric hyperæsthesia due to nervous irritation.

4. Fermentative dyspepsia is due to fermentation. The writer's well-tried prescriptions are:—

(a) R.

Sodii Sulpho-carbolas	gr. iii
Tinc. Nucis Vomica	m. iv
Tinc. Carminative	m. x
Inf. Calumba	ad $\mathfrak{z}. i$

M.ft. for a dose. Sig. One quarter of an hour before meal.

(b) R.

Benzo-naphthol	gr. ii
Takar'diastas	gr. ii
Sodii Bicarb	gr. v
Pulv. Carb. Lig.	gr. v

M.ft. for a pulv. Sig. To be given in wafer paper twice a day after meal.

5. In irritable dyspepsia arsenic in drop doses before or after meal acts well.

R.

Liq. Arsenicalis	m. iii
Potas. Bicarb.	gr. x
Inf. Calumba	ad $\mathfrak{z}. i$

M.ft. for dose, Sig. One twice a day after meal.

When pain is the urgent symptom use the following :—

- (a) R.
- | | |
|----------------------------|---------|
| Bismuthi Salicylas | gr. v |
| Pulv. Tragacanth Co. q. s. | |
| Acid Hydrocyanic Dil | m. i |
| Liq. Opii sedativus | m. iv |
| Aq. Aurantii floris | ad ʒ. i |
- M.ft. for a dose: Sig. One thrice a day.

(b) Heroin hydrochlor. gr. $\frac{1}{12}$ tabloid once or twice a day.

6. In dyspepsia of liver origin, hysonia acts well.

7. In dyspepsia with oxaluria, nitro-muriatic acid with nux vomica and bitters is very efficacious.

8. For dyspepsia with uterine trouble, drop doses of laudanum with nux vomica and other uterine sedatives are good.

9. For dyspepsia of scurvy, lime juice and pepsin a drachm or two to be diluted with cold water twice a day after meal.

N. B.—Lime Juice and pepsin (P. D. & Co). Dose a teaspoonful with an ounce of water after meal.

10. Dyspepsia of the Diabetic :—

(a) *Cellasin* is a hardy and powerful metabolic ferment active upon sugar starch and fats in an alkaline medium at body temperature.

It is indestructible by acids or by other ferments.

The formula of Tablet No. 2.

- R.
- | | |
|---------------|------------|
| Cellasin | gr. iiiss. |
| Sodii Bicarb. | gr. iss. |

Dose 2 to 6 tablets half an hour after meal.

It is prepared by Mead Johnson & Co.

(b) Taka-diastase :

11. Alcoholic dyspepsia :—

Tinc : Capsicum drop dose with Nux. Vomica, Spt. Ammon Aromatic and a bitter to be taken half an hour before meal.

12. Senile Dyspepsia :—

In the treatment of senile dyspepsia Dr. W. S. Fenwick in (*the Lancet of Nov. 6th 1909.*) recommends the following :—

- (1) Mastication must be performed in an efficient manner; new teeth should be inserted when necessary.
- (2) Use antiseptic gargle.
- (3) Avoid exposure to cold.
- (4) Avoid tea, broths and soups as fluids always increase the tendency to flatulency; but only a small quantity of hot water may be allowed at the end of the principal meal.
- (5) Avoid sweet preparations as they are apt to excite gastric fermentation.
- (6) Avoid green vegetables and raw fruits as they always increase the indigestion.
- (7) Avoid fat and fatty substances in advanced cases as they are apt to produce nausea and diarrhoea.

The main indications for medical treatment are :

- (i) To correct the subacidity.
- (ii) To relieve the flatulence and constipation.
- (iii) To promote digestive power.

The writer recommends the following :—

- (1) Glycerine acid pepsin with dilute hydrochloric acid in gastric dyspepsia.
- (2) Maltine and taka diastase in intestinal dyspepsia.
- (3) The administration of lactic acid bacilli in the form of Metchnikoff's Sour milk.

13. Pharyngitis Dyspeptica—

Imhofer (*Mittlg. des Verein. Karlsbader Aerzte*) points out a form of pharyngitis which occurs in disturbances of the digestive organs, and was observed by him in 21 instances. It is characterised by varicose vascular dilatation at the posterior pharyngeal wall, swelling of the mucosa, sometimes a livid discoloration. The chief symptoms consisting in a burning sensation and the sensation of a foreign body, are increased after meals, in contradistinction to ordinary pharyngitis, in which the symptoms usually show a certain remission after eating. Varicose hypertrophy of the lingual tonsil belongs to the same group of cases. The treatment can only consist in the correction of the disturbance. Local measures are entirely unsuccessful with anaesthetics, which however may be given with a trial.

14. Uro-kinetic Dyspepsia:

Dr. Rosenberg (*Dent. med. woch Aug 1899*.) describes a variety of dyspepsia which he terms "Uro-kinetic" dyspepsia, due to something wrong with the motor apparatus of the urinary tract. The patient usually suffers from enlargement of the prostate with secondary gastritis set up by retention of urine.

Treatment:—

Attend to the state of the urinary apparatus of the patient.

15. Gallstone, colitis, chronic appendicitis, abdominal angina etc., stimulate dyspepsia.

Treatment:—

Reduce blood pressure as it is flowing through thickened peripheral arteries ;

Dr. R. Hutchison (*Brit. Med. Journal 29th Feb. 1900*) recommends Urotropin :

Hygienic treatment:—

Rest in the beginning ; later take systematic exercise, change of air, sea voyage or spend summer in mountain.

Abdominal *massage*, when skillfully done, strengthens the motor power of the stomach, aids peristalsis, and stimulates the venous circulation.

Lavage may be practised when other means fails. Physician should bear in mind the undermentioned important points, *viz.* :—

- (a) Time taken by the patient at the meals.
- (b) Quantity and quality of food the patient eats.

The writer recommends his dyspeptic patients to chew each morsel as many times as there are teeth in his mouth before swallowing. By this simple method he has cured several cases where there was objection for allopathic system of treatment. Chinese system of taking meals slowly seems to be scientific.

Agreeable odours exercise a highly beneficial effect on digestion a fact long known to the Hindus.

Dietetic treatment:—

Dietetic errors are the fruitful source of dyspepsia and gastritis ; too frequent meals, habitual overfeeding, and irregularity of the meals will in time derange any stomach ; deficiency of food and long restriction of food induce dyspepsia.

In acid dyspepsia, Prof. Osler recommends strictly meat diet as follows :—

3½ ounces of meat minced fine, taken raw with two slices of stale bread and 1 ounce of butter, with one glass of Apollinaris water thrice daily.

Professor Savill remarks that proteid diet with a course of galvanism, is very efficacious. Dr. Ernest Young in *the clinical Journal* recommends hot water and minced meat diet in atony and dilatation of stomach and in chronic hyperchlorhydria :

1. Hot water will tend to cleanse away existing catarrh, and help to dissolve and so render easy of elimination any toxic material in the intestine.

2. Minced meat contains a maximum of nourishment with a minimum of weight and bulk :

(1. oz meat gives 35 heat units. Dose 2. ozs at a time.

(1½ pint of milk gives 510 heat units. Dose 2. ozs at a time.

Dr. Herschel (*B. M. J.* 1898 Vol. II pages 1323) on the other hand suggests carbohydrate diet partially dextrinised by Taka-diestase and large doses of alkalis to neutralise hyperacidity.

The writer recommends the following :—

1. Raw papaya boiled in water.
2. Pine apple juice aids digestion.

Fresh pineapple Juice in dyspepsia :

It is capable of digesting animal tissues, picking out nonliving proteins and rapidly digesting them, and leaving behind all living tissues.

It is superior to pepsin in that it is not nauseating, is more easily obtained in India, and acts promptly in almost any kind of medium and variation of temperature.

It is superior to trypsin and vegetable proteolytic enzymes in that it is more palatable and readily obtained in the most active condition.

3. "Banana" fruit as food.
4. Somatose.
5. Milk.

(a) Milk with sodii citras.

(b) Fermented milk.

(c) Peptonised milk.

(d) Cider whey. Add equal part of Devonshire cider to fresh milk ; keep it till curd is formed ; remove the soft curd. It is used in nervous and fermentative dyspepsia.

(e) White wine whey. Add three ounces of pure sherry to a pint of boiling milk, remove the curd. It is used in obstinate dyspepsia.

No definite list of food can be prescribed. "One man's food is another man's poison." However the following is **an ideal menu of diet** as prescribed by the writer in most obstinate cases of dyspepsia:—

EARLY IN THE MORNING—6 ozs. warm water to be taken by sips:

it prevents fermentation and washes out the stomach.

8 A. M.—Juice of '*helancho*' and raw milk each half a chatack.

9.30 A. M.—Good cold shower bath.

10 A. M.—Rice '*dud khani*' or '*basmati*' to be boiled in cocoanut water on a slow fire; wash the warm rice in water and serve to eating. Boiled banana fruit and raw papaya: soup of '*gadhal*' herbs; fried '*mourala*' fish: soup of black fish '*koi*,' '*magur*,' '*singee*,' milk and rice with '*katali*' plantain.

Drink little or better no water during the meal.

When meal is over, lie on the left side for half an hour so that the food may lie long in the fundus of the stomach.

No mental or physical labour atleast half an hour before or after the meal, to have the full benefit of more blood in the abdomen which indirectly aids digestion.

11. A. M.—A glass of fresh cocoanut water: where it is not available, a glass of soda water is a good substitute.

2 P. M.—Milk, or better fermented milk or fresh curd.

4 P. M.—Fruit juices of papaya, pomegranate, oranges, grapes, etc.

7 P. M.—Barley bread; '*mung*' soup, fish soup, milk.

Sweets forbidden except '*palm misry*' and '*cocoanut gure*.'

'*Balam*' rice causes acidity, therefore not allowed in dyspepsia.

9.30 P. M.—Patient should go to bed.

N.B.—In conclusion it must be impressed upon the patient to masticate the food thoroughly, to eat slowly, not to think of business during meals and to stop eating before the sensation of satiety appears.

GASTRIC ULCER.

Frequency.—Gastric ulcer is found in 5% of all autopsies.

Definition.—A necrobiotic process beginning in the gastric mucosa consequent upon impaired nutrition and autodigestion with tendency to involvement of muscular and serous coat.

This does not include malignant, tubercular or syphilitic ulceration.

For clinical purposes, ulcer of the stomach is usually divided into the acute and chronic form. It would seem to me that the same pathology is at work in both, and the chronic form is only an advanced stage of the acute uncured.

W. G. Mayo says :—"Mechanical injury of the pyloric portion and excessive acidity of the gastric secretions under anæmic conditions give rise to ulcer." Anæmia seems to play an important part.

The ulcer is usually single and generally situated on the posterior wall near the pylorus on the lesser curvature.

The cardinal symptoms are :—

1. Localised pain aggravated by food but relieved by vomiting.
2. Vomiting.
3. Hæmorrhage.
4. A tender spot on the epigastrium.
5. Rigidity of the overlying muscles.

The treatment is grouped under the following heads :—

1. Prophylactic.
2. Hygienic.
3. Dietetic.
4. Medicinal.
5. Surgical.

1. Prophylaxis :—Gastric ulcer occurs frequently in young chlorotic women. Regulate diet and avoid very hot food, coarse food, food rich in acid and condiments which irritate the mucous membrane of the stomach: tight lacing is forbidden.

“Alcoholic stimulants, much vegetables, stomach tube, and heroic doses of Bismuth which may set up vomiting and diarrhoea.”

(*Julius dreschfeld.*)

2. Hygienic treatment :—“Rest cure”—Rest of the stomach is indispensable; feed the patient with nutritive enema; rest of the body in general is absolutely necessary by allowing the patient to lie on a recumbent posture.

3. Dietetic treatment :—When the diagnosis of gastric ulcer is certain, stop food by the mouth and feed the patient with nutritive enema for 3 or 4 weeks as follows :—

Rectal feeding for the first week.

I. Peptonised milk, 6 ozs. each time. three or four pints within 24 hours.

II. To a pint of milk add brandy 2 ozs. and one raw egg.

III.

R.

One egg.

Panopepton

ʒii

Peptonised milk

ʒiv

Mft. for a dose : sig. per rectum E. 4 hours.

IV. Peptonised milk gruel. (*Allbutt's system of Medicine Vol. iii, Page 543*) Mix well milk 10 ozs. and one egg; then add 2 teaspoonfuls of Benger's liquor Pancreaticus, and 30 grains of sodii bicarb.

V. Leube prefers the “pancreatic meat emulsion” for rectal feeding.

(*Burney yoe's book on food in Health and Disease. P. 545*)

VI. Dujardin-Beaumetz recommends :—

(i) Yolk of an egg.

Two tablespoonfuls of liquid peptones.

5 drops of Laudanum.

A glass of milk.

(ii) Two eggs.

Two drachms of liq. Pancreaticus.

20 grains of Sodii bicarb.

30 grains of Sodii chloride.

Half an ounce of Brandy.

Little sugar.

Four ounces of warm milk.

N. B. 1.—Somatose and sanatogen are favourite additions to nutrient enema. It should be given warm about 98° to 100°F.

2. Bowel should be washed out once daily before nutrient injections are given.

3. No reliance should be placed on nutrient suppositories.

(Burney yeo's manual of medical treatment Vol. 1, Page 44).

After a week prescribe the following orally.

(i) Flour soup boiled with milk. (Casein coagulates in smaller flakes than in pure milk.

(ii) Soured milk.

(iii) Meat Jelly.

Boil a Chicken with calves' feet.

(iv) Panopepton.

(v) Raw beaten white of egg.

white of egg like the casein of milk, seems to possess the power of combining acids, and even of neutralizing them

(Von. Pfungen)

(vi) Sugar Solution :

Strauss remarks that the secretion of acid in the stomach is smaller in amount. It is contraindicated in all cases where there is a tendency to fermentation.

Subsequently prescribe two to three pints of milk by mouth within 24 hours, but never more than a small teaspoonful at one time ; afterwards, food should be easily digestible and not irritating.

The following is the ideal **menu of diet** as recommended by

Professor Osler :-

8, A. M.—200 c. c. of Lenbo's beef solution.

12, noon.—300 c. c. of milk gruel or peptonised milk. The gruel should be made with ordinary flour or arrowroot and mixed with an equal quantity of peptonised milk.

4, P. M.—Beef solution again.

8, P. M.—Milk gruel or butter milk.

Lenhartz diet chart.

Small quantities of beaten-up eggs and milk, the quantities being increased day by day *i.e.* on the first day 7 to 10 ozs. of milk with one egg, and the increase is $3\frac{1}{2}$ ozs. of milk each day and one egg each day until a quart of milk and six to eight eggs are ingested. An ice-bag is kept constantly applied to the epigastrium.

After the first week soft boiled rice, minced meats, semisolid and solid foods are gradually allowed : of course the amount of meat first given is only two ounces.

This plan of treatment should persist for atleast a month.

The advantages are :—

- (1) Pain as a rule disappears entirely within 48 hours.
- (2) Vitality of the patient is maintained and healing processes are therefore carried on more rapidly.
- (3) The weight is usually increased.

The clinical Journal June 24 1908 contains the following :—

Stop food for 4 to 6 hours : Then Prescribe.

1. Whey or alum whey :—

R

Alum	3i.
Boiling milk	oj.
Strain through muslin.	

Dose a teaspoonful every now and then.

2. Egg albumen beaten up with water ; add little glucose.

Medicinal Treatment:—The physician should bear in mind the undermentioned points viz :

- I. Healing of the ulcer.
- II. Avoidance of all irritating agents.
- III. Relief of troublesome symptoms.

Bismuth in suspension acts mechanically by forming a covering which protects the ulcer and facilitates healing. The writer's favourite formula :—

R.		
	Bismuthi subnitras	gr. x.
	Puly. Tragacanth Co qs.	
	Nepentho	m. iv.
	Acid Hydrocyanic Dil.	m. i.
	Aq. Carni	ad ̄. i.

Mft. for a dose: Sig. One thrice a day quarter of an hour before meal.

Klemperer recommends estalin (*aluminium glycerine-paste*) in peptic ulcer and hematemesis. Estalin tablets contain $2\frac{1}{2}$ grains of finely powdered aluminium made up with glycerine. Four of these tablets are mixed thoroughly with half a glass of water till an uniform suspension is obtained. The patient drinks this, and takes no food for one or two hours thereafter. The action of the drug is purely mechanical and no side action is produced.

Nitrate of silver is used in chronic cases.

Glycogzone (*i.e. glycerine and hydrogen peroxide*)

is recommended: Dose 2 teaspoonfuls in water.

Hort (*Brits Med: Journal oct. 10, 1908*) recommends antilytic serum in chronic gastric and duodenal ulcers. The object being to re-establish a condition of immunity of the gastric mucosa to the action of gastrolitic toxins and enzymes which are responsible for ulcer production and maintenance.

The ulcers fail to heal because the thickened floor of the ulcer prevents healthy lymph penetrating to the ulcer.

This lymph contains various bodies, some of which apparently antagonize enzymes from fixed cells, from wandering cells and from bacteria, and thus limit cell-destruction either auto-lytic or heterolytic.

These antilytic substances can be applied in the form of horse serum or specially prepared antilytic serum.

It is given by the mouth 3 or 4 times a day directly after food in half an ounce of water. The serum must be fresh, atoxic and sterile.

Dr. Willcox, of St. Mary's Hospital London (*The Quarterly Journal of Medicine for October, 1909.*) formulates the following table.

Hcl may exist as :—

- | | | |
|---|---|---------------------------|
| <p>(i) Free hydrochloric acid—<i>i.e.</i> the acid is not combined with any case either inorganic or organic.</p> <p>(ii) Hydrochloric acid which is combined :—</p> <p style="padding-left: 2em;">(a) With proteins.</p> <p style="padding-left: 2em;">(b) With other nitrogenous organic bases.</p> | } | Active hydrochloric acid. |
| <p>(iii) Hydrochloric acid which is combined with inorganic bases to form neutral salts—<i>e.g.</i> sodium chloride.</p> | | |

N. B.—In gastric ulcer the 'active hydrochloric acid' is markedly increased and free hydrochloric acid is present in excess.

This condition is commonly spoken of as hyperchlorhydria.

Now let us avail ourselves of the opportunity by :—

1. The administration of alkalies *e.g.* Sodii Bicarb, Bismuthi Subnitras etc., to neutralize the excess of acid.
2. The administration of diet rich in easily assimilated proteins *e.g.* eggs, milk. Lenhartz took advantage of this fact and prescribed the diet list accordingly.

3. The administration of ferruginous preparation e.g. dried Sulphate of Iron which uses up excess of Hcl by forming an albuminate and a chloride compound; moreover it relieves anemia.

Treat the patient symptomatically :—

- (a) **Hyperacidity** is diminished by alkalies.
 (b) **Pain** is relieved by hot linseed poultice to the epigastric region. The writer recommends the following :—

R.	Menthol	gr. 1
	Cocaine Hydroch	gr. 1
	Heroine Hydroch	gr. 1/12
	Cerii Oxalas	gr. i
	Ext. Lupuli	gr. 1

M.ft. for a pill. Sig: one thrice a day.

R.	Chloretone	gr. ii
	Cerii Oxalas	gr. i
	Bismuthi Subnitrates	gr. x

M.ft. for a pulv. Sig: To be given in a wafer paper twice a day.

- (c) When **vomiting** is persistent, exclusive rectal feeding is indispensable. Drop doses of hydrocyanic acid with bismuth and cocaine are recommended.
 (d) For **constipation** saline aperient early in the morning, and enema of tepid water in the evening.
 (e) For **hematemesis** absolute rest in bed in a recumbent posture. "A fatal result is not very common from hæmorrhage"—Osler. Avoid all food by the mouth.

Hypodermically :—

- (i) Morphine gr. $\frac{1}{4}$ hypodermically.
 (ii) Ergotin gr. $\frac{1}{4}$ injected subcutaneously.
 (iii) Prof. Fulton in his book of the *Diseases of the Digestive canal*. P. 125 recommends subcutaneous injection of gelatin.

Locally :—

- (i) Ice bag over epigastrium.

Internally :—

- (i) Adrenalin 1 in 1000 mixed in iced saline water.
- (ii) Calcium lactate gr. 5.
- (iii) Turpentine in the shape of terebene, 10 drops beaten up with white of an egg acts miraculously when other medicines have failed.
- (iv) Gelatin given by the mouth is of questionable value ; it has been given frequently with fruit Juices. Hesse gave 10 per. cent gelatin solution per mouth.

Gelatin [has been given by the mouth. one table spoonful of a 10 per cent. Solution every two hours.

(*Burney yeo's Manual of Medical treatment vol 1. P. 142*).

(f) If the patient is **thirsty**.

- (i) Suck little ice.
- (ii) Wash out the mouth with hot water.
- (iii) Inject water into the rectum.

(g) If there be tendency of **collapse**.

- (i) Hot saline water injected per rectum from time to time.
- (ii) Transfusion of saline solution.
- (iii) Strychnine gr. 1/64 hypodermically.
- (iv) Brandy and hot water per rectum.
- (v) Hot bottles over the extremities.
- (vi) Limbs should be bandaged.

5. Surgical Treatment.—Excision of the ulcer is the ideal operation according to many distinguished operators. It is gratifying to quote the words of a great surgeon like Kocher :—

"The majority of practitioners do not sufficiently realize what brilliant results are to be obtained by operative means in chronic affections of the stomach commonly known as gastric catarrh. No only can the numerous dangers of ulcerating affections of the stomach, such as hæmorrhage, perforation and transition into cancer be prevented, but the disease and its results may be so rapidly and certainly cured that the medical treatment of obstinate cases must be put in the background. The pain in the stomach disappears immediately after operating. The patient does not require to pay any further attention to the nature of his food. The vomiting disappears. The bowels become regular. Repeated investigation of the gastric contents shows that there is a progressive improvement in the process of digestion."

DUODENAL ULCER.

For acute cases with hæmorrhage, subcutaneous injections of sterile normal horse serum and feeding by the mouth at the very earliest opportunity with small dry meals, mainly of meat are recommended.

Dr. Einhorn in the *American Journal of the Med. Science*, Aug. 1909, classifies the disease under two headings:—

1. Mild case.

2. Grave case.

1. In the **mild cases** regulation of diet (*frequent small meals abstention from highly-seasoned substances, acids and too fatty foods*), improving the general condition by means of iron, arsenic, cold sponging, good air, avoidance of bodily exercise and the use of alkalis are sufficient to effect a considerable amelioration if not a cure.

N. B.—If mild case threaten to be a severe one olive oil (*two tablespoonfuls morning and evening*) seems to be of service.

2. In **graves cases** a strict ulcer cure with rest in bed and rectal alimentation and afterwards fluid diet must be instituted.

In these cases large doses of magnesia and bismuth are of benefit.

R.

Calcined magnesia	gr. viii
Bismuthi subnitrate	gr. xxx.

M.ft. for a pulv, sig. one three times a day half an hour before meal.

If a strict rest cure has been unsuccessful, or if we have to deal with severe hæmorrhages endangering life, and returning frequently, or if obstinate spasm of the pylorus occurs, associated with severe pains in the pyloric origin and slight peristaltic restlessness of the stomach, an operation (*usually gastroentrostomy*) is indicated.

Guthrie Rankin (*British Medical Journal July 23, 1910*) recommends the following two combinations :—

(i) In early stage of the disease.

R.

Bismuthi carbonate	gr. xxxx
Acid carbolie (pure)	gr. ii
Liq. morphinæ hydroch	m. xv
Mucilage acacia. qs.	
Inf. gentian Co.	ad. ʒi

M.ft. for a dose Sig: to be taken in water from 2 to 3 hours after every meal.

(ii) During convalescence.

R.

Finkler's papain	gr. ii
Acid carbolie	gr. ii
Strychnine	gr. 1/30
Codeia	gr. ʒ
Ext. Rhubarb	gr. ʒ

M.ft. for a pulv to be put in a capsule and taken after meals three times a day.

For **chronic cases** prescribe full meat diet in an appropriate form from the start, with repeated oral doses—never on an empty stomach—of an antilytic serum specially prepared.

Hort (*Brit. Med. Journal Jan. 8, 1910*) remarks :—

1. Starvation.
2. Semi-starvation.
3. Milk.
4. Egg.
5. Slop treatment.
6. Lenhartz diet.

GASTRALGIA.

Gastralgia or Neurosis of Stomach is characterised by :—

1. Pain and other sensory perversities.
2. Bulæmia *i.e.* ravenous craving for food ; it depends upon an affection (*temporary or organic*) of the vagus.
3. Vomiting.
4. Flatulence.
5. Neurasthenia.
6. Motor disorders *e. g.* gurgling etc.

Treatment is of two kinds :—

I. *Immediate relief.*

II. *General treatment.*

I. **Immediate relief :—**

- (i) In neurotic anæmic women—iron and arsenic afford ready relief.

The writer recommends *Arsenioferratose*, drachm dose twice a day after meal or *Sol. Ferri et Manganese peptonate with arsenic* drachm dose twice daily after meal.

- (ii) In elderly women, the following combination acts well.

R.

Acid Hydrocyanic (Dil.)	m. i
Liq. opii sedativus	m. vii
Aq. Cinnamomi	ʒ. i

M.ft. for a dose. Sig : one thrice a day.

Warmth of abdomen and mild counter-irritation over the epigastrium are good.

Somatose is an excellent diet.

Rest both physical and mental is indispensable.

Acids, alkalies, bitters, pepsin, pancreatin and predigested food are not necessary. Alcohol is a dangerous remedy in neurotic persons.

(iii) If vomiting be the pressing complaint:—

1. Chlorobrom.
2. Bromide and hydrocyanic acid mixture.
3. Cærium oxalus effervescence, drachm dose when required.

(iv) If pain be acute:—

1. Solanin 5. c. grammes half an hour before meal in a pill form.
2. Writer's favourite formula.

R.

Heroine hydrochlor	gr. 1/12
Cocaine hydroch	gr. ½
Menthol	gr. ¼
Ext. Lupulin	gr. ii

M.ft. for a pill Sig. one twice a day.

(v) Prof. Ewald recommends Borneyval (*combination of borneol and valerianic acid*); it is given in capsules on a full stomach and is usually well borne.

(vi) "Riforma Medica" of March 18th, 1900 recommends:—

R.

Chloral hydrate	gr. iii
Sodii hypo-sulph	gr. vi
Aq. Menth pep	ʒ. i

M.ft. to be taken alone and repeat if necessary.

(vii) J. M. Anders advocates the use of guaiacol, it allays the irritability of nerve terminations:—

R.

Guaiacol	
Glycerine	ʒa ʒ. i
Aq. Menth pep.	ad ʒ. iiss

Dose:—A teaspoonful every four hours.

(viii) John Aulde lays down the rule that "the smallest dose of Arsenic given at short intervals, under proper restrictions, will prove most efficient, while it removes entirely

the element of danger" and recommends 1/10 of a drop of Fowler's solution every ten minutes for an hour or $\frac{1}{2}$ drop or less every hour.

Clark recommends drop doses of liq. arsenicalis before meal, it is an excellent medicine in gastralgic pain of nervous origin.

II. General Treatment :—

Put the patient to bed ; regulate diet. Bland diets well-cooked and in small quantities are recommended.

DILATATION OF STOMACH.

In the treatment of Gastrectasis physician should keep in his mind the maxims as laid down by Prof. T. Clifford Albutt M. D. viz :—

1. Stomach has overworked and irritated, hence physiological rest is indispensable.
2. Secretion and motor activity of stomach have failed, hence the necessity of stimulants.
3. Food is delayed in the stomach and undergoes fermentation.
4. The viscus consequently is dilated.

Ewald estimates the maximum normal capacity at 16,00cc.

(56 oz. = nearly three pints.)

There are two kinds of dilatation viz :—

1. *Obstructive.*
2. *Atonic.*

1. Obstructive dilatation is due to thickened pylorus, puckering of a cicatrix, torsion, etc.

The stomach dilates on account of stenosis but there is no impairment of gastric secretion and motor innervation.

Treatment is Surgical. Remove the seat of obstruction.

2. Atonic dilatation :—

In atonic dilatation as a result of toxic condition *e.g.* acute rheumatism, tuberculosis, septicæmia etc. gastric Juice is more or less suppressed.

Stop food by the mouth and feed the patient per rectum for a couple of weeks.

By the end of first week meat and fruit juices are allowed by mouth.

Subsequently malt extract and peptonised milk are prescribed.

The following methods of treatment are recommended :—

1. Lavage of the stomach with luke warm water early in the morning is a valuable agent.
2. Massage is a potent factor to restore the qualities of gastric juice.
3. Electricity.
4. Hydropathy.
5. Drugs :—

(i)

R.

Acid Hydrochloric, (Dil)	m. x
Glycerine acid pepsin.	ʒ. i
Liq. Strychnine hydrochloride	m. v
Spt. Chloroform	m. x
Aqua Carui	ad ʒ. i

M.ft. for a dose Sig. one twice a day after each meal.

- (ii) Taka-Diastase and strychnine tablet (*P. D. & Co.*); one after each dose.

(iii)

R.

Papain.	gr. ii
Taka-Diastase.	gr. ii
Pancreatin	gr. i

M.ft. Sig. one to be given in a wafer paper after meal.

- (iv) Predigested food :

- (v) Magnesium-Perhydrol Tablets (*Merck's*) $7\frac{1}{2}$ grains (25%).

Dose—1 tablet 2 to 3 times daily, in water. The therapeutic action of Magnesium-Perhydrol is due to the liberation of **Active Oxygen** within the system.

Dilatation of Stomach with fermentation.

Sir. W. Broadbent's formula.

R.	
Sodii Sulphite	gr. v-x
Sodii Bicarb	gr. xx
Tinc. Nucis Vomica	m. iv
Aq. Chloroformi	ad 3. i

M.ft. for a dose sig. one to be taken between meals when the gas eructed has the odour of Sulphuretted hydrogen.

The writer's favourite formulæ :—

(i)

R.	
Sodii Sulphocarbolas.	gr. iii
Sodii Citras	gr. v
Spt. Chloroformi	m. x
Tinc. Carminative	m. x
Aq. Ptycotis	ad 3. i

M.ft. for a dose. Sig. one twice a day half an hour after meal.

(ii)

R.	
Resorcini	gr. ii
Glycerine	m. xii
Nepanthe	m. v
Aq. Carui	ad 3. i

M.ft. for a dose. Sig. one twice a day between the meals.

(iii)

R.	
Bismuth Salicylas	gr. v.
Bismuth Carb.	gr. x.

M.ft. for a pulv. Sig. one twice a day.

Bismuth absorbs sulphuretted hydrogen and is eliminated in the form of black sulphide.

During convalescence Prof. Osler recommends Iron, Ergot and Stychnine.

Dietetic treatment.

Liquids by mouth to be restricted during digestion; thirst is relieved by injecting liquid into the rectum.

1. Allowed—Dry, easily digestible plain food in small quantities; jellies, minced meat, chicken, fishes, plasmon biscuit, eggs, cream carbohydrate in small quantities, cognac or whisky with little soda water.
2. Forbidden—Tea, coffee, vegetable in excess, fat, liquid by mouth during meal.

The following is the **ideal menu of diet** as prescribed by the writer during the stage of convalescence.

EARLY IN THE MORNING.—10 to 15 grs. of sodii sulph. in 6 ozs. of hot water for 2 to 3 weeks. Old long standing cases are claimed to have been cured in this way, through a simultaneous improvement of both the motility and secretion (*Prof: Simon,*)

7 A. M.—Plasmon Biscuit.

9 A. M.—Massage abdomen with pure mustard oil for half an hour.

9-30 A. M.—Cold bath.

10 A. M.—Rice.

10-30 A. M.—A dose of medicine as prescribed above.

12 NOON—Cocoanut water.

2 P. M.—Fermented milk, whey.

4 P. M.—Fruit juice.

6 P. M.—Fried vegetable, toasted bread milk, etc.

6-30 P. M.—A dose of medicine.

9-30 P. M.—Sleep.

APPENDICITIS.

Appendicitis consists of a catarrhal inflammation of the Vermiform appendix which may go on to ulceration, localised peritonitis or perforation. Intestinal concretions, undigested food and seeds may impact here and start inflammation which may extend to the Cæcum (*typhlitis*) or the surrounding tissues (*peri-typhlitis*.)

The cardinal signs and symptoms of acute appendicitis may be grouped under five heads.

1. Abdominal pain.
2. Nausea and vomiting.
3. Tenderness and rigidity of the abdominal wall.
4. Elevation of temperature and acceleration of the pulse rate.
5. Inflammatory leucocytosis, *i. e.*, with a relative increase in the polymorphonuclear cells. Murphy placed much diagnostic value on their occurrence in the above order, and wrote, "When that order varies I always question the diagnosis."

Two clinical forms of appendicitis :—

(i) **Acute.**

(ii) **Chronic** { *a.* Relapsing.
b. Recurrent.

The structure of appendix is like that of cæcum but it has a narrow lumen and a thick wall, hence in inflammation the abscess is more likely to burst inside the intestine rather than to burst outside; beside adhesions are frequently formed round the appendix due to a localised peritonitis: thus from the anatomical structure of appendix the writer thinks the favourable position of the abscess is to burst inside though there is chance of the abscess getting septic from intestinal contents.

The writer does not agree with the bold statement of Prof. Osler. and G. Dieulafoy (*Acad. de Med. May 11, 1897.*) "There is no medical treatment of appendicitis." In India the writer has found

from experience appendicitis is quite amenable to treatment, but surgical cases are to be handled with a knife.

Treatment may be considered under three heads :—

1. The treatment during an attack.
2. The treatment between the attacks.
3. Operative interference.

1. The treatment during an attack :—

Absolute rest in bed is indispensable.

There are four primary points to be gained at the beginning of treatment :—

First, the immediate relief from pain and vomiting if present.

Secondly, the arresting of peristalsis of the entire intestinal tract.

Thirdly, muscular relaxation of the entire alimentary canal.

Fourthly, painless evacuation of the entire contents of larger and smaller bowel

There must follow the administration of cleansing and antiseptic agents, in conjunction with substantial rectal feeding when needed.

Prior to rectal feeding the colon should be flushed with soap-suds or a normal salt solution, then panopepton, coffee, milk and whiskey or brandy may be used in any combination or proportion desired.

The pivot upon which the following plan of treatment turns those amenable cases of acute appendicitis round to resolution within three to fourteen days will be shown to rest upon the fact that thorough evacuation of faecal matter can be secured, aseptic cleanliness of the alimentary canal established, and beneficial results obtained from internal antiseptics (*to all intents and purposes*) independent of intestinal peristalsis.

Hypodermically :—Injection of a hypodermic tabloid of morphine sulph and atropin sulph, the strength of which the physician will select according to the nature of the case ; the atropine sulph prevents constipation and nausea, and increases the sedative action of the morphine.

Internally :—

A. at the onset a mild saline purgative should be given at once, it may cut short the attack ; the following are recommended.

1. Hourly administrations of magnesium sulph., drachm dose till the bowel is opened,

or	
℞.	
Sodii Sulph	ʒ. i
Mag Sulph	ʒ. i

M.ft. for a dose Sig. E. 3. h. till the bowel is opened.

Saline purgative is contraindicated if there be acute pain and vomiting.

N. B.—The use of saline purgative early in the disease as advocated by some surgeons, is a most injurious practice.

As to the use of purgatives, authorities differ. It may be said, in a general way, that purgatives are dangerous even in the earliest stage. If anything is to be given to move the bowels, it should be of the mildest kind, such as Calomel in moderate doses and small doses of some of the weaker salines.

(*Twentieth Century Practice of Medicine Vol. VIII. Page 464.*)

B. Intestinal antiseptic as follows :—

(i)

℞.	
Benzo naphthol	gr. iii
Salol	gr. iii
Sodii Bicarb	gr. v

M.ft. for a pulv. morning and evening,

(ii) Dr. T. G. Green (*Monthly Cyclopædia and Medical Bulletin March, 1909*) recommends :—

℞.	
Guaiacol carb	gr. iii

M.ft. for a Pulv : Sig. one every 4 hours.

C. The following combination is worthy of a trial.

℞.	
Tinc. Aconite	m. i
Lig. Morphine Hydroch	m. ii
Tinc. Belladonna	m. ii
Aq. aurentii floris	ʒ. i

M.ft. for a dose ; Sig. Every 2 hours upto 6 or 7 doses a day.

The main indication is to restore a condition of rest within the abdomen; morphia and belladonna check peristalsis while aconite allays inflammation.

N. B.—The use of opium in the treatment of appendicitis has been generally discredited, because of its tendency to mask the symptoms. Certain surgeons advocate minimum doses. In no circumstances, however, should this drug be used in large amounts.

(*A system of medicine by Osler and Mc. Crae Vol. V. Page 431.*)

The only means to put the intestine at rest is opium. In Germany the opium treatment was introduced by Volz, and it has since occupied an important position. I strongly recommend opium. The chief objection viz, that the drug masks the symptoms—is unimportant in comparison with its actual value, particularly if the case is carefully watched.

(*Nothnagel's Encyclopedia of practical medicine, Disease of the Intestines and Peritonium, Page 908.*)

If vomiting be an acute symptom.

1. Stop giving food by the mouth; rectal feeding is recommended, an ounce of panopepton in a pint of warm water acts well.

Peptonised milk is also recommended. (*Vide page*

2. Use fractional doses of Hydrarg, Subchloride as follows :—

R.

Hydrarg Subchloride gr. 1/6

Sodii Bicarb gr. iv

M.ft. for a Pulv : Sig. one Every 3 hours upto 3 or 4 doses.

It checks vomiting, opens bowel and is antiseptic, but increases peristalsis to a certain extent.

Per rectum :—

1. Enema of the following :—

R.

Glycerine 5. ii

Soap water 5. ii

M.ft. for rectal wash once a day till the colon is free of scybulae and faecal matter.

When washing becomes clear, have a douche of condy's fluid, one drachm to a pint of tepid water with a rubber tube to keep the part as far as possible aseptic.

Locally :—

1. Half a dozen leeches over the seat of inflammation sometimes act like a charm: The writer strongly recommends these blood sucking apparatuses over the seat of inflammation as soon as possible after the diagnosis is made; it nips the disease in the bud.

Lockwood on the other hand (*Appendicitis, its pathology and surgical treatment page 226*) remarks :—

“It is better not to apply leeches or blisters to the abdominal wall, as the subsequent condition of the skin increases the chances of supuration, should an operation be performed.”

2. Hot linseed poultices over right iliac fossa on and around Mac. Burney's point.

3. Lees (*British Medical Journal 1903 Vol ii Page 1454*) strongly advocates the persistent use of ice-bag in acute appendicitis on the ground that it “rapidly relieves pain and obviously diminishes the local inflammation.”

4. Capezzuoli recommends collargol *internally* in table spoonful doses of a half to one per cent. solution every hour, while *externally* 30 grs. of Ung. Crede to be rubbed over the seat of inflammation twice a day; he also advises two enema of $7\frac{1}{2}$ grs each in 3ozs of water to be given daily.

Dietetic treatment :—

Food must be liquid: panopepton, palatable peptone are permissible, because they are predigested. Milk should be classed as solid food here, as it is liable to form curd, but milk with sodii citras or lime-water forms curd with finely divided corpuscles and hence allowed. The following combinations of milk are recommended *e.g.* plasmon and milk, milk somatose, hot milk and lime water, sanatogen and milk, fruit juices, whey, lactic acid, fermentlactyl of pasteur vaccine Co. Ltd., and lactone tablets of P. D. & Co.,

Normally the intestine abounds with a nonpathogenic microscopic flora ; pathogenic germs produce intestinal auto-intoxication ; to prevent this, lactic ferments are chiefly introduced in the system.

- N. B. 1. Don't give any food which leaves residue.
 2. Don't give animal food.
 3. Don't allow ice drink.

2. The treatment between the attack :—

A. keep an eye over digestion :

1. Rectify defective teeth if any.
2. Avoid swallowing ill-masticated bolus of food.
3. Take meal at regular hours.
4. Eat slowly.
5. Have rest after each meal.
6. Eat food simple and nutritious.
7. Avoid seeds and fruits containing minute seeds.

B. Keep an eye over the bowels.

1. Remove constipation and use intestinal antiseptic as in the following :—

R.

Thymol	gr. i
Pulv Glycyrrhiza Co.	5. i

M.ft. for a pulv to be dissolved in warm milk at bed time.

2. Massage of the abdomen is effective ; because

- (a) It promotes absorption of inflammatory exudations.
- (b) It encourages a normal action of the bowel.

3. Apply a blister of emplastrum cantharidis 2" x 2" over Mac. Burney's point if there be dull pain and a lump can be palpated.

Snip off the bleb and apply ung. Sabin to keep up the action of blister as long as you desire.

C. Avoid violent exercise *e.g.* riding &c.

D. Avoid exposure to fatigue, damp and cold.

(ii) **Chronic.** It is sub-divided into 2 forms :—

1. Relapsing appendicitis.
2. Recurrent appendicitis.

In relapsing type the pathological process never settles down, inflammation leads to ulceration hence operation is indispensable.

In recurrent variety the pathological process settles down itself, hence there is no necessity of a surgeon.

3. Operative interference :—

- (a) When there is evidence of Suppuration.
- (b) When appendicitis is of a relapsing nature as mentioned above.
- (c) When there are signs and symptoms of perforation.

N. B.—The reader is requested to go through the *New York state Journal of Medicine of March 1910*, for reference.

A CRITICISM.

Is there any Medical Treatment in Appendicitis ?

BY DR. C. L. D. AVOINE M. D.

The decision of a Medical attendant in a case of appendicitis is so momentous that I am prompted to reply to the article of Dr. Jogendra Lal Chandra appeared in the *Medico-surgical Journal of the Tropics of July 1909* "On the treatment of appendicitis." The writer of that article, in effect, makes the bold statement that he does not agree with Prof. Osler of Oxford who states that, "*There is no medical treatment of appendicitis.*" As the leading surgeons and physicians of France not only support Prof. Osler's opinion, but also raise a voice of warning against the danger of medical treatment in this disease ; and as the article of Dr. Jogendra Lal Chandra must have been read by many medical men who may be induced to give a medical treatment a trial

in this grave malady, it is of the utmost importance to consider carefully the views on which the French doctors base their contention in making the important announcement.

To begin with, they tell us that the aetiology of this disease was, until very recently, obscured by erroneous theories. As is well known it was believed to be caused by foreign bodies, which get impacted in the canal of the vermiform appendix, by the spread of inflammatory processes from surrounding organs and tissues, for instance typhlitis or perityphlitis, by constipation, by diarrhoea, violent effort or strain, a cold, improper food and what not! The cause of the disease is to-day recognized to be due to a closure of the canal of the appendix by catarrhal inflammation, by the twisting of the organ or very frequently to the formation of a calculus (enterolith) in the lumen of the appendix itself. That as soon as the closure is effected the imprisoned coli bacilli acquire an exalted virulence and set up the grave constitutional disturbances observed in this disease; and by their migration set up inflammatory processes resulting often, in general or localized peritonitis, inflammation of distant organs, suppuration, gangrene of the appendix and even perforation. That the gravity of the disease depends not on the intensity of the inflammation, but to a *severe toxic infection of the organism by toxins elaborated by the coli bacilli and other microbes in the closed cavity*, (See Roger and Josue-Bulletins et Memoires de la societe Medicale des hopitaux 1896 No. 4 page 97. See Delbet Archives gener de medecine De Rouville La Presse Medicale 27 Mai 1896. Dienlofoy. Manuel Pathologic Interne Town II page 412).

Bacteriological researches conducted at the Hotel Dieu at Paris and elsewhere prove conclusively that a culture of the ordinary colibacilli impacted in the peritoneum of guinea pigs or rabbits is attended with no symptoms, while a bouillon prepared with a culture of coli bacilli obtained in the closed cavity of a case of appendicitis caused the death of the animal in a day or two. Experiments of Hartmann Minot Dieulafoy and caussade at the Hotel Dieu and De Ronville elsewhere.

The views that appendicitis is not merely an inflammatory disease, but is a serious toxic infection of the organism are supported

by a host of French celebrities among others are Renon. (See le Bulletin medical 1898 p. 541.) Gerard Marchant, Dicalafoy, Pinarh Possi Roques, Segond Hartmann, Legry, etc.

The opinion that there is no medical treatment of this disease is supported by such savants as Ferrand, Chauvet; Reclus Lucas Championniere, Leguen, Choput, Marchant, Segond, Routier, Poirier Villard, Dicalafoy. (Academi de Medecine de Paris seance du 15 Juillet 1902 and Journal de Medecine et de Chirurgie pratiques 10 Aout 1902, Manual de Pathologie Interne by Deculafoy Torn ii page 486.)

Ferrand warns us that opium "est un agent souvent plus dangereux qu'utile" and that belladonna "loin de suspendre les secretions de l'intestin et d'en paralyser la motricite favorise au contraire ces deux ordersde functions" (Academic de Medecine February 1899). Dicalafoy warns us that medical treatment is illusoire et nefaste; il a l'air de faire quelque chose alors qu'il ne fait rien; il masque l'es symptoms et il endort la douleur, il conduit paisiblement le malade a la mort."

Prof. Dicalafoy says that he is at a loss to understand the indifference of certain medical men when in presence of a case of appendicitis with all its possible accidents. In two days a diffuse peritonitis may declare itself, gangrene and a fatal toxic infection can carry off the patient in no time or if a "cure" takes place it is only to leave the patient with a chronic or recurrent appendicitis. He is surprised that one dares waste time in discussing the effects of poultices, opium and belladonna in such cases when it is clear that the sooner the diseased appendix is removed the better it is for the safety of the patient.

A reply to Dr. D. AVOINE. M. D.

BY JOGENDRA LAL CHUNDRA L. M. S.,

The writer has the pleasure of reviewing the remarks of Dr. D' AVOINE regarding Medical treatment of appendicitis, as criticism

paves the path to perfection. The school of American and French surgeons advocates early operative interference in every case; they are so to speak mad after operation. One Surgeon compares the delay in operation in perityphlitis to a like delay in dealing with strangulated hernia. Another American Surgeon considers "all cases of appendicitis as being eminently dangerous to life from the beginning of the attack" English Surgeons on the contrary are too conservative.

When there is a diversity of opinion between two schools of surgeons, when science specially medical is progressing and therefore can not be perfect whatever may be the aetiology of typhlitis, when physicians are crowned with success in abating mild cases of appendicitis by medical treatment and when laparotomy comes under the category of grave operation inspite of the revolution in modern aseptic surgery, the writer presumes it is rational to follow the median course between two methods:—American and French, and English. The writer quotes the opinions of some of the leading surgeons and physicians of the day:—

1. Sir Frederick Treves remarks:—

"The number of cases which undergo spontaneous cure form an overwhelming majority and cannot be lost sight of. A free incision should be made as soon as there is evidence of suppuration or perforative peritonitis,"—*Allbutt's System of Medicine vol. iii p. 933.*

2. Mc. Burney remarks:—

"The Dictum that every case of appendicitis should be operated upon as soon as the diagnosis made, is not to be accepted."—*Internal: Text book of surgery vol. ii. Ch. 13.*

3. A. S. Mayo Robson writes:—

"Undoubtedly many of the milder forms of typhlitis, resolve under medical treatment."—*Med. Annual p. 488, 1891.*

4. Richardson considers Opium the best drug.

5. Burney Yeo and Haigh point out that some cases of perityphlitis are rheumatic in origin and yield to salicylates and general anti-rheumatic treatment,

6. Thornely Stoker remarks :—

“Operation is most unfavourable ; it should seldom be resorted to. Purgation is the best remedy at our disposal. The safest way to effect it is by hydrostatic washing with warm water and a soft tube.”

7. Talamon says statistics show that the axiom that every case of appendicitis should be operated on cannot be accepted, and that the indications and chances for interference must depend on the clinical aspect of each individual case.”—*B. M. J. May 1, and 8, 1897. (epit).*

8. Priestly Leech adds :—

“The hotly debated question of Surgical versus Medical Treatment has not yet been settled though signs are not wanting that the strife has become somewhat less heated.”

9. Saundby recommends “Calomel, hot Seidlitz powder and enema combined with rest and hot fomentations, and in chronic cases blistering over the tumor,”—*Med. Annual p. 79, 1893.*

10. In *the Medical Record* Dr. Robinson quotes Dr. Eustace Smith as saying “I have seen not one, or two, but many cases of appendicitis in which the question of operation was being considered, which underwent such rapid improvement under anti-rheumatic treatment that all idea of surgical interference was quickly set aside.”

11. Broca (*La. Appendicite. Pards, 1900*) observes :—

“Since I have learnt to weigh the indications for operation, instead of operating always and immediately, I have seen the mortality diminish.”

CHRONIC CONSTIPATION.

Constipation means retention of fæces beyond the usual period, so that feculent matter is passed with difficulty and in a comparatively solid state.

Chronic constipation means a prolonged departure from the standard, natural to the individual, the direct cause of which may be want of sensibility of the nerves of the mucous membrane of rectum, so that contact of fæces does not cause sufficient stimulus to produce muscular action, or want of tone in the muscles, or absence of mucous secretion from the bowels which lubricates the tracts.

Finally, absorption of food takes place, leaving the scybalæ too hard for the muscles to act on. The condition may exist by itself, may be symptomatic of another condition, may accompany another pathological state or may cause other troubles.

Constipation in the truest sense of the term is not a disease; it is like fever, merely a symptom of some latent disease. It is the duty of the physician to find out the etiological factors in each individual case and to lay the axe at the very root of the disease; hence the rational treatment would be not to use purgative in the shape of bed-pills and the like, in a routine fashion, but to remove the causes of constipation.

Classification of Chronic Constipation:—

I. Obstructive or mechanical causes:—

1. Congenital deformities which occur often in the rectum and anus.
2. Extra-intestinal pressure from cysts, tumors, inflammatory disease etc.
3. Stricture.
4. Malignant and non-malignant neoplasms.
5. Foreign bodies either swallowed or formed within the gut.
6. Fæcal impaction.

7. Diaphragmatic weakness *e.g.* repeated pregnancy.
8. "All uterine and ovarian derangements by mechanical or reflex means bring about constipation."
(*Pepper's System of Practical Medicine Vol. II. Page 640.*)

II. Non-obstructive Causes :—

A. Chronic constipation primarily caused by disease of other organs than the stomach or intestines :

1. Due to venous congestion of intestinal circulation.
 - (a) In organic disease of the heart and kidney.
 - (b) In chronic pulmonary affections, asthma, emphysema, etc.
2. Due to impairment of secretions poured into the intestines :
 - (a) In chronic disease of the liver, where the bile is affected.
 - (b) In disease of pancreas.
3. Due to impaired innervation of the intestinal wall through disease of brain, cord and nerves :
 - (a) Brain tumors, hydrocephalus.
 - (b) Chronic insanity.
 - (c) Tabes and general paralysis.
 - (d) Lead poisoning.
 - (e) Neurasthenia, hysteria, and hypochondria.

B. Chronic constipation caused by gastric disease :

1. Due to impaired motility of stomach :
 - (a) Atony of stomach.
 - (b) Dilatation of stomach.
 - (c) Pyloric stenosis (*cancer and ulcer*).
2. Due to secretory disturbance.
 - (a) Hyperchlorhydria.
 - (b) Chronic gastritis.
 - (c) Achylia gastrica.

C. Chronic constipation caused by, causing, or accompanied by other intestinal conditions :

1. Due to painful conditions, causing voluntary abstention from stool :
 - (a) Hæmorrhoids.
 - (b) Fissure of anus.
 - (c) Ulcers of rectum.
 - (d) Chronic proctitis.
2. Due to changes in the mucous membrane impairing its irritability.
 - (a) Chronic catarrh of small intestine.
 - (b) Mucous or membranous colitis.
 - (c) Sigmoiditis.
 - (d) Atrophy after catarrh.
 - (e) Appendicitis.

D. Chronic constipation unaccompanied by any organic lesion :

1. Due to pathological functioning :
 - (a) Spastic constipation.
 - (b) Spastic contracture of the sphincter without anatomic cause.
2. Due to imperfect physiological functioning (*simple chronic constipation*.)

E. Errors in diet. *e.g.* to take of an insufficient quantity of vegetables and fruits, so that there is not sufficient bulk of fæces to provoke the usual muscular action.

F. Errors in drink. *e.g.* due to excessive indulgence in strong tea. The large amount of tannin in the tea may cause considerable constipation.

G. Abuse of drugs. *e.g.* Patients who take iron or bismuth or opium are constipated. The same is true of most opium-eaters.

H. Blood dyscrasy : *e.g.* chlorosis, diabetes, chronic uræmia.

I. Insufficient exercise.

The Indications are :—

I. Mechanical constipation demands surgical interference.

II. A. Chronic Constipation caused by diseases of other organs than stomach and intestines.—Chronic diseases of the heart, kidneys, liver, and lungs are often accompanied by varying degrees of constipation, induced by hyperæmia of the intestinal mucous membrane and obstruction to the portal circulation. Correction of these conditions by appropriate means will often by itself stop the constipated state if not of too long duration.

B. Chronic constipation caused by gastric disease.—try to rectify the disease if possible.

C. Chronic Constipation caused by, causing, or accompanying other intestinal conditions.—Two drugs stand out prominently for their alterative and tonic effect on the intestinal mucosa, *hydrastis* and *ichthyol*. The former is given in the form of the fluid extract and the latter prescribed in 50-per cent. solution in peppermint water, in ascending doses, beginning with about 8 drops in a wine-glassful of water and increasing to 30 drops, t. i. d., provided that the stomach does not rebel. Suitable tonics may be prescribed when indicated by the general condition. (*Medical Record March 12, 1910.*) Plenty of good air, outdoor exercise, or, if these are not possible, certain specially planned gymnastic exercises to take their place, a cold sponge bath in the morning followed by a brisk rub, proper clothing, no excess of work, physical or mental, nor undue exposure to the weather are recommended.

D to I. Try to remove the underlying cause.

Professor H. Sermont, M. D. says :—" It is necessary to remember, for it is in accordance with clinical observation, that essential constipation is rather a disease of the well-to-do than of the workman, of the office stool and of the sedantary than of out-of-door occupations, of the citizen than of the peasant, of the meat-eater than of the vegetarian, and among its victims these attacks are more in the winter than in the summer, it is very frequent amongst the obese and amongst the gouty ; it appears to have a special predilection for certain families ; once it is installed it is difficult to eradicate.

In old age, death begins, so to speak, in the intestines. In presenting the rational and sanative method of treatment, we would emphasise the fact that we must go direct to the source—the fountain head of the disease.

It is an absolute fact that 90 per cent. of all diseases may be directly traced to some derangement of the stomach or intestines. The colon is the main drain of the human body—a physiological sewer in fact; and if it be necessary, for sanitary reasons, to keep the main drain of your dwelling clean, how much more important it must be to keep the drainage system of the body free from filthy obstructions! We see the external dirt and hasten to remove it, but our eyes do not reveal to us the offensive internal accumulations—lakes of liquid fæces. If we could see them, we would not lay our heads upon our pillows until we had cleansed the human temple from its defilement. But there is a more serious aspect of the question. Scientific investigation has proved that there is a constant interchange of fluids going on in the colon—that the liquid portion of the foul waste is in unceasing contact with the blood current, and that a process of self-poisoning, **autointoxication** is for-ever going on by the re-absorption of this pestilential substance into the very fountain of life.

For practical treatment, constipation is divided into two stages:—

1. Atonic stage.

2. Spastic stage.

1. Atonic stage of Constipation:—

The sole indication is to produce spontaneous movement of the bowels. The physician should remember the following fundamental principles.

(a) Hygienic Treatment:—

1. Avoid sedentary habits and occupations.
2. Practise gentle exercise *e.g.* walking, swimming etc.
3. Hilton recommends the following method of exercises:—

“With the hands clasped behind the head, the patient should raise and lower the trunk 6 to 10 times, and then bend the trunk forwards and backwards, besides rotating the trunk and flexing and extending the legs.”

(b) Mechanical treatment:—

1. Order abdominal belt for patient with enteroptosis "hang belly."
2. Active exercise relieves constipation ; and that it ought to be sufficiently brisk to induce active play of the diaphragm and abdominal muscles. (*Lauder Brunton in Allbutt and Rolleston's system of Medicine Vol. III. page 647*)
3. Massage abdomen with pure mustard oil before a bath.
 - (i) Hazzard in *the Proctologist Sep. 1909* advocates the use of abdominal massage—There are five generally accepted movements viz friction ; rolling, compression, kneading and percussion.
 - (ii) Cold abdominal massage as recommended by Barnes in the *Journal of American med. association Dec. 25, 1909*. While in a stooping posture the patient places the palmar surface of the fingers of his right hand over the upper part of the descending colon, and making slight pressure, massages with a spiral descending movement that tube and part of the sigmoid flexure. The finger should preferably be cold. If they are warm they may be cooled in cold water or, in their stead, a suitable cold object, such as a small, smooth glass paper-weight, may be used. The cold massage applied at this time initiates a peristalsis which propels the fæcal contents downward forcibly into the ampulla recti and thus sets up the normal reflex of defecation.
4. Use enema of pure lukewarm water when required.

(c) Hydro-therapy:—

Cold frictions, fresh water baths are very useful ; electric bath (*light or water*) is good in the constipation of *Tubes Dorsalis*,

(d) Dietetic treatment :—

Plenty of vegetables and food rich in cellulose which leave residue ; oatmeal and maize have the reputation of opening the bowels. They mechanically stimulate the mucosa ; avoid extracts ; cold drink, fruit juices, milk, fermented milk, curd, butter, fish and meat are recommended. Figs and prunes are laxative. Constipating foods such as red wines, cocoa, soups are contraindicated.

Mendal advocates the use of agar agar : It is for the most part excreted unchanged in the faeces on account of its powers readily to absorb and retain water, it resists the action of intestinal bacteria and enzymes, it prevents the formation of scybalous masses and imparts a soft consistency to the rectal contents.

Writer's method of preparing agar agar.

Into a cup put agar agar, add water sufficient to soak it, keep this for 6 hours to soak, then pour equal volume of milk and add a pinch of sugar ; boil it for five minutes ; allow the fluid to settle on a basin with raised margin, and finally at the time of use pour a little rose water and dust pulv cardamon for flavour.

Dr. Hale White in *Guy Hospital Gazette Jan. 8, 1910* recommends whole-meal bread. It contains bran which stimulates peristalsis. Many people overcome slight constipation by drinking a glass of cold water when they rise in the morning. This reflexly stimulates the bowels to act. Constipated people should take a large amount of fruit, especially baked apple and prunes, almost any vegetables, and also porridge. Tamarinds are most useful in cases of constipation, and may be spread on toast like marmalade.

In conclusion, the diet of atonic constipation should stimulate peristalsis **mechanically**.

In *Therapeutic Gazette, September, 1909* Dr. Carey recommends the following foods as stimulate peristalsis.

1. Substances containing sugar such as honey, cane-sugar, sweet fruit etc.
2. Foods containing organic acids as whey, acid fruits etc.

3. Salty substances *e.g.* salt fish, cheese etc.
4. Substances containing carbonic acid *e.g.* aerated water, yeast, bread etc. .
5. Substances containing fat *e.g.* butter, ghee, oil etc.
6. To these stimulants Boas adds the thermic and mechanical ones.

On account of the thermic effect, only cold is considered ; hence a glass of cold water before breakfast is scientific.

(e) **Medicinal treatment :—**

In habitual constipation each case must be treated on its own merits and individual idiosyncrasies carefully studied. Though the symptom is a simple one, its treatment needs not this drug nor that drug, but any drug or many drugs or no drugs, combined with systematic measures for gradually restoring the healthy functions of the digestive tract that culminates in normal defæcation.

Mild laxatives are recommended.

1. Cascara Evacuant (*P. D. & Co.*) Dose 15 to 20 min. with water at bed time.

2. Pulv. Glycerrhiza Co.

Dose, a teaspoonful with warm milk at night.

3. Tamar Indien grillon.

Dose, one before retiring.

4. Manna, half a drachm for children.

5. Pulv of one myrabolum at bed time.

6. Confectio Rosæ and Confectio sulphur, equal part :

Dose, two drachms with warm milk at night.

7. Purgen one at bed time according to age (*Vide C. Wilkinson's opinion*)

8. Vegetable laxative tabloid or tablet, one at bed time.

9. Exodin, one after the last meal.

10. Laxoin pallatinoid gr. ii, one before going to bed.

11. Prunoid (*Sultan Drug Co.*) Dose 1 to 3; it is composed of Phenolphthalein, cascara sagrada, ipecac and prunes.
12. Phenolphthalein. Co. Tablet (*P. D. & Co.*)

R.

Phenolphthalein.	gr. i
Strychnine Sulphate	gr. 1/500
Ext. Belladonna. leaves	gr. 1/100

- 13, Writer's formula :—

R.

Cascara Evacuant	m. x
Senna Cordial	ʒ. i
Glycerine	m. xv
Tinc. Nucis Vomica	m. iii
Tinc. carminative	m. x
Dec. aloe Co.	ad ʒ. iv

M.ft, for a dose. Sig. to be taken occasionally.

Dr. Camac Wilkinson in *Practitioner May 1910 page 638*, enlightens us with the following points :—

Almost all purgatives in large doses are in part absorbed, and passing into the circulation may seriously injure internal organs, especially the kidneys.

1. Pancreatic Juice acts upon castor oil.
2. Calomel irritates the kidneys when injected subcutaneously, while its purgative effect is mainly lost.
3. Purgin in 1 or 2 doses may be effective and harmless, but if repeated, often, may irritate the kidney and also induce catarrh of the bowel.

II. Spastic stage of constipation :—

Physician should keep in mind that the intestine is in an irritable condition, that the mucous membrane is inflamed and that the intestinal musculature is in a state of hypertonicity. The medical man should remember the following rules :—

(a) Hygienic treatment :—

1. Rest, especially after eating, is indispensable.
2. Avoid mental worry and anxiety.

(b) **Mechanical treatment :—**

1. Massage is contra-indicated ; because its use would aggravate the spasmodic contraction of the colon.
2. The abdomen should be kept warm by silk bandage.
3. Oil treatment is of great value. The writer injects the following oil into the rectum with a long rubber tube attached to the enema pump or douche.

R.

Fresh goat's bile one.

Tinct. Assafoetida

℥. i

Oil Papaveris

ad ℥. vi

The patient should lie on the abdomen for about a quarter of an hour. The oil and bile dissolve hard scybalæ which have remained in the folds of the colon, often for several days and have maintained the spasm of the musculature, while assafoetida exerts its carminative action. Repeat the process just before the patient retires till all scybalæ are off.

(c) **Hydro-therapy :—**

Cold procedures are contraindicated ; warm frictions, warm baths are good followed by silk or woollen bandage.

(d) **Dietetic treatment :—**

Mild constipating diet is recommended, as coarse foods, rich in cellulose, would aggravate the spasm of the colon and might cause membranous enteritis or give rise to diarrhoea.

A list of mild constipating diet is given below :—

Tea and fruit juices should never be taken cold ; milk, *fermented milk, citrated† milk, cream, cheese, peas, potatoes, honey and marmalades made from raspberry, orange, apples are good.

*Lactic acid bacilli are prescribed with the object of arresting putrefactive processes in the intestines by means of the lactic acid produced, and thus preventing auto-intoxication from the absorption of bacterial poisons : (*Practitioner* P. 635 May, 1910.)

† Citrated milk.

R.

Sodii Citras.

gr. xx

Milk

o.j.

Coarse breads, acids, sour fruits, flatuous vegetables such as cabbage peas and beans, duck, oiled chatneys etc., are forbidden.

In conclusion, the diet of spastic constipation should stimulate peristalsis **chemically**.

(e) **Medicinal treatment :—**

Saline aperient *e.g.* Carlsbad, Apenta or Kutnow's powder flavoured with ten drops of Tinct. Carminative, early in the morning on an empty stomach, is recommended. Purgatives are contraindicated, because they increase catarrh of the intestine and thereby add fuel to the fire of the disease.

Sedatives are good. The writer recommends the following :—

R.

Tinc. Belladonna	m. v
— Carminative	m. x
Nepenthe	m. v
Spt. Chloroformi	m. x
Aq. Menth pep.	ad. ʒ. i

M.ft. for a dose, Sig : one, thrice a day.

Patients suffering from colic and for those who travel, tabloid Atropin sulph gr. 1/100 twice a day after eating, is recommended.

N. B.—Children should be strictly trained when young to endeavour to empty the bowels at the same time regularly every day. Another cause is the failure to go to the water closet when there is a call to do so.

It is also important *not to strain* in acute pericarditis, as when a person strains he raises his blood-pressure, and so may dilate the inflamed heart. The same thing applies, of course, to an aneurysm. In all these cases it is important to have the bowels kept open gently every day. This matter will require special care in pericarditis, as, in that condition, it is rightly customary to give opium, which has a constipating effect. A considerable proportion of the cases of cerebral hæmorrhage occurs while the person is straining to make his bowels act, and thus not rarely the cerebral hæmorrhage takes place in the water closet. A little calomel at night, followed by any saline mineral water in the morning, should be

given to those who are subject to high blood-pressure, or are, for any other cause, liable to cerebral hæmorrhage, so that they may pass an easy motion.

Two very important factors in all cases of constipation are :—

I. Regularity.

II. Perseverance.

To visit the water-closet daily at the same hour, to remain there without however straining forcibly, although a slight compression of the abdominal muscles is often necessary, and to persevere until success is attained, seemingly appears a small matter, but it is a very important one.

A rich diet containing little water, or a pure meat diet, or finally one which is very slightly stimulating to the intestines, consisting of easily absorbable articles which leave but little residue, may lead to constipation.

In conclusion there is a royal road to health and every one who chooses may walk in it. It is obedience to natural law—the intelligent use of Nature's common gift to all. Bear in mind Abbott's rule :—“**Clean out, clean up and keep clean.**” The fundamental principle of curing constipation and the main spring of Longevity and vigor are briefly summarised by the writer in the following lines.

1. Internal bath by :—

(a) An enema of 3 to 4 quarts of sterilised, tepid water.

(b) Saline purgatives.

2. External bath.

3. Massage and exercise.

4. Fermented milk, whey, curd etc.

5. Ripe fresh fruits, vegetables.

6. Moderation in diet.

The composition of some of the patent purgative pills are given below.

1. *Baillies pills*—Aloes, colocynth, oil of cloves and soap.
2. *Beechams pills*—Aloes, ginger and soap.
3. *Bile Beans*—Cascara, rhubarb, liquorice, and oil of peppermint.
4. *Carter's Little Liver pills*—Podophyllin and socotrine aloes.
5. *Clarke's pills*—(Sir Andrew Clarke) Aloin, Sulphate of iron, Extract of Belladonna and Nux vomica, Ipecac. Myrrh, and hard soap.
6. *Cockles pills and Barclays pills*—Aloes, colocynth and rhubarb.
7. *Dixon's pills*—Taraxacum, podophyllin, jalap and soap.
8. *Doan's Backache dinner pills*—Podophyllin, aloin, rhubarb and peppermint.
9. *Holloway's pills*—Aloes, rhubarb, saffron, glauber's salt and pepper.
10. *Page wood Cock's Wind pills*—Aloes, oil of carui and soap.
11. *Scott's pills*—Aloin and cascara with soap basis.
12. *Whelpton's pills*—Rhubarb, aloes, ginger powered ipecac and soap.

DIARRHŒA.

In normal circumstances the food, after having been partly digested in the stomach, passes rapidly through the upper part of the small intestine. The movement of the intestinal contents is effected by the peristaltic contraction of the intestine, which is particularly active in this part of the tract.

The lower part of the small intestine is less active, and in the large intestine where the contents enter in a fluid state, the peristalsis is exceedingly slow, while the function of the colon being absorption of fluid, the feces become thicker. If, however the peristaltic process in the large intestine becomes abnormally fast, the evacuations are more or less fluid.

If the movement of the small intestine is also increased the liquidity is even more marked.

Hence we conclude that the watery condition may depend upon.

1. Increased peristaltic movement.
2. Diminished powers of absorption.
3. Increased secretion of fluid from the intestinal mucous membrane.

In the treatment of diarrhœa the physician should bear in mind two cardinal points, *viz* :—

- i. Remove the cause*
- it. Soothe the irritation of the intestine.*

The writer can not help quoting the well known classification of Prof. T. Lauder Brunton with modifications :—

Diarrhœa caused by

1. Irritants.
2. Decomposed food.
3. Microbic infection with subsequent bacterial fermentation.
 - a. Septic diarrhœa.*
 - b. Infantile diarrhœa.*
 - c. Hill diarrhœa.*
 - d. Summer diarrhœa.*
4. Uræmia : (Uræmic diarrhœa.)
5. Cold.
6. Nervous influences, *e.g.*, "Prandial" diarrhœa. Morning diarrhœa.
7. Malaria.
8. Prolapse of rectum.
9. Malignant disease .
10. Biliousness.
11. Chronic invalidism.
12. Sprue.

1. Diarrhoea caused by irritants :—

℞.

Nepanthe	m. v
Castor oil	ʒ. iv
Pulv : acacia	q. s
Aq : Carui	ad. ʒ. j.

M.ft. for a dose; castor oil clears out the irritant matters from the intestine, while opium soothes the bowel.

Diarrhoea due to irritation in the mucous membrane of the intestine :—

℞.

Chlorodyne	m. xx
Chalk mixture	ad. ʒ. ss

M.ft. for a dose : sig : every four hours when required. Lime forms with fatty acids an insoluble soap and will thus neutralise such acids which are strong intestinal irritants; moreover calcium salts slow the movement of involuntary muscular fibre and tend to lessen peristalsis.

Diarrhoea due to mixed causes *i.e.*, irritating substances in the intestine and an irritated condition of the mucous membrane itself.

1. Open bowel by castor oil with laudenum.
2. An hour afterwards let the patient take some warm drinks.
3. Subsequently.

℞.

Bismuthi Carb :	gr. x.
Mag. Carb.	gr. iii.
Pulv : Tragacanth Co.	q. s.
Spt. chloroformi	m. x.
Tinc. carminative	m. x.
Aq. cinnamomi	ad. ʒ. j

M.ft. for a dose : sig : one to be taken 20 minutes before food.

4.

℞.

Pulv. Cretæ aromatic	gr. xv
Dover's powder	gr. ii

M.ft. for a pulv. sig. : one after every loose motion.

2. Diarrhoea due to decomposed food: e.g., albuminoid food, cheese, etc.

R.

Oil Recini	℥. j
Tinc. Belladonna	m. x
or	
Atropin	gr. 1/100
Pulv. acacia	q. s
Tinc. cardamon Co :	m. xx
Aq. aurantii floris	ad ℥. j

M.ft. for a dose Sig. one every hour until diarrhoea is less or physiological action of Belladonna begins to appear viz., dryness of mouth, dilatation of pupil etc

3. Diarrhoea due to microbic infection.

Antiseptics are prescribed, e.g.,

Bismuthi salicylas, salol, benzo naphthol, calomel etc.

(a) Septic diarrhoea.

Dr. J. Bose's formula :

R.

Tinc. Ferri perchloride	m. xv
Acid Nitromuriatic (Dil)	m. x
Liq. Bismuthi	℥. j
Tinc. Gentian Co.	m. xv
Inf. calumba.	ad ℥. i

M.ft. for a dose : sig : one thrice a day.

(b) Infantile diarrhoea, epidemic diarrhoea

(*Zymotic enteritis*).

causes a high rate of infantile mortality under one year of age.

It is fostered by higher temperature of the late summer and dust with but little rain, by flies in the dissemination of the disease, and by the contamination of milk caused by ordinary organisms of putrefaction.

Zymotic enteritis is in no sense of the word an infectious disease, and it cannot be conveyed by contagion.

The putrefactive organisms act upon the albuminoid constituent of milk as albuminoid-dissolvers, and create, by their action upon

these 'constituents, virulent chemical poisons. It is the 'chemical poisons which develop under the conditions that have been described, which produce the toxæmia characteristic of zymotic enteritis, and which are so virulent that they destroy the infant in the course of a few days by their poisonous action upon the cellular tissue throughout the body.

The boiling effectually destroys the lactic organisms, but it makes no impression on the spores of the putrefying bacteria. Much higher temperatures and much longer exposure are required to kill these. It is the condition of the milk *after* the boiling that constitutes the critical and imminent danger to the infant.

Hence the rational plan of treatment is that milk for the use of infants shall be *preserved fresh and unboiled*.

After milching collect it in a glass flask previously washed and plug the mouth with cotton :

Put it under ice ; when required take a portion of the milk, add equal volume of water and little barley, boil it for some time ; it is now ready for use.

Some physicians recommend fresh unboiled milk.

In infantile diarrhœa *intestinal lavage with normal saline sol. is good*.

In Infantile diarrhœa with offensive sour stool, bacterial fermentation, salicylate of Iron is best.

R.

Ferri sulph	gr. xx
Sodii salicylas	gr. xx
Glycerine	ʒ. iii
Aq.	ad. ʒ. iij

Dose a teaspoonful every hour until stool is of a dark colour.

(c) **Hill diarrhœa :—**

R.

Dover's powder	gr. ii
Gray's powder	gr. j
Bismuthi subgallate	gr. vii
Lactopeptin	gr. x

M.ft. for a pulv : Sig. one thrice a day.

(d) **Summer diarrhœa**—is caused by a variety of organisms; no specific bacillus as to the cause of this disease is known.

Two clinical divisions are due to :—

1. *Acute toxæmia (dyspeptic diarrhœa).*

It may be induced by irritation of the intestine by improper food, or any food which has been decomposed or rendered noxious by means of the intestinal bacteria.

2. A destructive lesion of the intestine.
(*ileo-colitis*).

It includes that large group of cases in which a definite infection has occurred, some organisms having invaded the intestinal wall, set up destructive action leading to enteritis, colitis or a combination of both.

The bacteriologists are unanimous that the following kinds of organism inhabit the bowel normally and abnormally.

1. Putrefactive organisms.
2. Organisms of the lactose fermenter group, commonly called **colon group**. *e.g.* bacillus coli which is an inhabitant of normal stools. &c.

They are non-infective.

3. Organisms of the non-lactose fermenter group commonly called "**Typhoid group**" *e.g.*, typhoid bacillus, paratyphoid bacillus, bacilli dysenteric (*Flexner, shiga, and Morgan*).

They are infective.

N. B.—It is an established bacteriological fact that colon group can not in any way approach the typhoid group in essential characters, at any rate *in vitro*, whatever they may do in nature.

Theory of summer diarrhœa :—

Putrefactive organisms, introduced along with food or already present in an active state in the intestine, induce fermentive changes; toxins are formed, some of which are absorbed, some irritate the mucosa and induce their expulsion, originating a diarrhœa (*acute toxæmia*).

If more irritating food be given, or if the original irritation be not soon removed, the repetition of such "insults to the intestinal mucosa" as Flexner expressively calls them; renders the intestinal wall prone to bacterial invasion, and from a non-infective and, if properly treated comparatively unimportant condition, the disease now becomes a serious infection, *i.e.*, acute toxæmia becomes what is known as enteric or ileo-colitis.

Hence rational dietetic treatments are:—

1. "Water diet" or barley water diet or cocoanut water diet for first 24 hours.

The object is to wash out the stomach, to flush out the bowel, to supply the depleted tissues if retained and to provide no suitable pabulum for organisms to thrive and multiply.

2. 'Albumen water' after first 24 hours; whites of 2 or 3 fresh hen's eggs are to be stirred in a pint of water; add a teaspoonful of brandy, a little salt and half an ounce of cinnamon water for flavour.

3. Subsequently Allenbury (No. 1) or Horlick's malted milk are to be prepared with water.

N. B.—They consist of dried milk with cereal, the starch being completely converted into sugar.

The Mother should be strongly impressed with the fact that this is purely a temporary diet, a stepping-stone, as it were, to cow's milk.

4. Peptonised milk or milk with sodium citrate.

Treatment:—

Open bowels by Castor Oil followed by Tincture of Camphoræ and some intestinal antiseptic. Opium alleviates pain and soothes peristalsis.

"If a medical man has not learnt how to use opium safely in the diarrhoea of children, he can hardly be said to know his profession."

(Burney's *Manual of Medical treatment* Vol. 1 Page 245).

4. Diarrhœa caused by uræmia :—

There will be a history of chronic diarrhœa with a trace of albumen in urine, and the urine of low specific gravity.

Don't check the diarrhœa hastily, as it is the nature's method to drive away the poison through the alimentary canal.

5. Diarrhœa from cold.

A chill may produce an intestinal catarrh with consequent diarrhœa: wear flannel bandage.

6 Nervous Diarrhœa.

Moral treatment should be encouraged.

(a) “**Prandial diarrhœa** called after Linossier of Vichy.

Introduction of food in the stomach gives immediate desire to stool.

The author explains its occurrence in the following way: Under ordinary circumstances the bile begins to pour into the duodenum as soon as food enters the stomach and continues throughout the process of digestion. In bilious subjects, under the influence of the gastro-intestinal reflex, the evacuation of bile takes place suddenly, and as these patients are almost always choleemics, the sudden discharge of a large quantity of bile into the intestine sets up violent peristalsis and determines an irresistible action of the bowels. The pain, however, may be due to violent contraction of the gall-bladder or possibly to the passage of a gall-stone.

By way of treatment the author recommends the administration of opium and belladonna in order to lessen the sensitiveness of the gastro-intestinal reflex, to be given a quarter of an hour before the meal, with, on the other hand, a lacto-vegetarian diet, Vichy water, moderate exercise and a quiet life, avoiding every source of fatigue.

Patients should be given two or three compressed Lacto-bacilline tablets *with meal*.

The writer recommends.

Bismuth or Liq. arsenic before meal to check the impulse.

(b) Morning diarrhoea.

Take no liquid after 5 o'clock in the afternoon. The patient should be encouraged to resist the inclination to defæcate.

(c) Diarrhoea depending upon locomotor ataxia : antipyrin is recommended.

7. Malarial Diarrhoea :—

Mercurial followed by saline purgative.

8. Diarrhoea depends on Prolapse of sigmoid flexure into the rectum.

(i) Avoid all articles of food which would be likely to pass through the intestine undigested and to irritate the tender part of the bowel.

(ii) Open bowels by enema half a pint every morning. Immediately after inject the following and it is to be retained.

R.

Tinc. catechu

ʒi—ii

Aq :

ʒ. ij

9. Diarrhoea due to malignant disease

Insert the following suppository :

R.

Ext. Belladonna

gr. $\frac{1}{2}$

Morphin. sulph.

gr. $\frac{1}{3}$

Cocaine Hydroch.

gr. $\frac{1}{4}$ -1

Ol: Theobrom.

q. s

Ft. Suppository as required.

10. Biliary diarrhoea.

Biliousness means a condition in which too much bile has been present.

The function of bile is to prevent putrefaction in the bowel to a certain extent, to assist in the digestion of fat and to increase peristalsis. If for any reason the function of the liver is interfered with, and the flow of bile is decreased, which in turn interferes with the bowel functions, an accumulation of effete material takes place in the latter organ.

This forms a hot bed for the propagation of morbid bacteria, which in turn form toxins. By reason of inactivity of the bowels these toxins are absorbed into the circulation and a train of symptoms ensue which we called biliousness.

The urine is loaded with indican or acid or both due to the absorption of toxins. Hence the rational treatment would be :—

- (i) to follow nature's course of elimination by fractional doses of calomel.
- (ii) to administer antiseptics in the shape of sulpho-carbolates.
- (iii) a quantity of apples (peel and all) will put a stop to biliary diarrhœa. This use of fruit is almost unknown, but is worth bearing in mind.

11. Chronic diarrhœa with watery Stools :—

The fluid is not water, but is an albuminous fluid liable to decomposition whether the fluid is an intestinal secretion or is a transudate or exudate, it is the cause of the increased peristalsis; hence the need of intestinal disinfectant.

Dr. Schmidt in *Mediz. Klinik*, March 28, 1909, recommends hydrogen peroxide to be the most effective and least harmful.

Hydrogen peroxide should be given in combination with pure agar-agar.

12. Sprue or psilosis.

In the treatment of sprue the physician should bear in mind the pathological condition of the gastro-intestinal tract. It is :—

- (i) Mucous membrane is eroded and therefore exceedingly sensitive.
- (ii) Glandular structure and villi are deficient in secretion. Hence the rational plan would be
 1. To establish a state of "physiological rest" in the bowels.
 2. To administer bland diet that can be assimilated and absorbed by the inflamed gut,

Medicinal treatment.

Open bowels by a teaspoonful of castor oil early in the morning for thrice a week.

Prof. Patrick Manson rightly remarks :—

“It is a very great mistake to try to shut up the bowel altogether by sedatives or astringents.”

Writer's method of treatment :

1. Hydrarg. perchloride gr. 1/100 Tabloid to be taken morning and evening.

2. Mixture Bismuth et. pepsin Co : (Hewlett's)

Dose a teaspoonful thrice a day after meal.

N. B.—Treatment by *sina rubra* :

<i>Sina rubra</i> :	1 oz.
<i>Aq.</i>	12 oz.

Boil, reduce it to 7 drachms (*strain*).

To this add spirit 5. j

Dose for an adult the whole quantity and for a child one-fourth quantity.

It should be given every night for four nights.

3. Gargle with any of the following :—

- (a) Listerine.
- (b) Glycothymolin.
- (c) Alkathymol.

4. Oesophagial pain :

(a) Janowski recommends 5 to 10 drops of a sol. of 1 in 1,000 adrenalin.

(b) The writer recommends morphia.

5. Intestinal pain :

Cantlie recommends hot packs.

6. During convalescence : fractional dose of liq : arsenic and some organic preparation of Iron like Iron somatose, etc. are recommended.

Alcoholic stimulant, as a rule, does harm,

Dietetic treatment of sprue.

(i) *Milk treatment*—“Milk only—nothing but milk.”

Milk and lime water ; milk and sodii citras, fermented milk ;

Benger's food and goat's milk ; Plasmon arrowroot and goat's milk ; Banana powder and milk.

(ii) *Liver-soup treatment*.—*i.e.* soup prepared from goat's or sheep's livers. In milder cases of sprue this treatment acts admirably well.

(iii). *Egg treatment*.—If the patient can not bear milk give him white of an egg beaten with cinnamon water.

(iv). *Fruit treatment*.—Van der Burg advocates this method of treatment. Fruit juices, *e.g.*, pomegranates, oranges are highly beneficial.

(v). *Meat treatment*.—Cantlie remarks that if the milk and fruit diets fail, it is advisable to try a meat diet. Raw meat juice is an excellent adjuvant

How to prepare raw meat juice.

Pound sufficient good raw flesh in a mortar ; add 2 ounces of water and twenty minims of dilute hydrochloric acid.

Six ounces of Meat Juice is obtained on straining.

Hygienic treatment of Sprue.

Bandage abdomen with a warm cloth ; silk cloth is preferable. Patient should be in bed till the stools become solid ; careful nursing is indispensable.

PERITONITIS.

Peritonitis means inflammation of the peritonium—the Serous sac of the abdomen.

It may be *acute or chronic, local or diffused*.

Varieties of Acute peritonitis according to their causation ;—

1. Traumatic :
2. Perforative (*ulcer of Stomach, intestine etc.*)
3. Irritative (*disease of neighbouring organs*).
4. Secondary (*blood poisoning*).

Varieties of Chronic peritonitis :—

- (i) non-tubercular.
- (ii) tubercular.

Treatment.

Absolute rest in bed, rectal enema of hot water half to one pint to relieve thirst, saline aperient *e.g.* mag. sulph at the very beginning of the disease to drain fluid, and morphia hypodermically to alleviate pain, are strongly recommended.

Colloidal silver ("*collargolum*") is an excellent, non-irritant and non-toxic antiseptic used both in surgery and internal medicine, is readily absorbed and has a bactericidal power superior to that of mercury.

Internally :—

Good results are obtained in acute infectious intestinal catarrhs, dose being a dessertspoonful of the 1 per cent. solution of collargolum given in milk every 1 or 2 hours.

Locally :—

Crede's ointment is used.

It contains 15 per cent. albuminised solution.

Writer's formula :—

R.

Ichthyol	3. iv
Ext: belladonna	5. iv
Glycerine	5. iv

M.ft. sig: to apply over the abdomen followed by oiled silk and bandage.

Duckworth recommends inunction of hydrarg. ointment over the abdomen.

ACUTE INTUSSUSCEPTION.

Acute intestinal invagination is preeminently a disease of infancy and childhood.

The Classical Symptoms are :—Sudden onset with severe paroxysmal, colicky pain, vomiting and straining and mucohæmorrhagic stools, constant desire to go to stool with the passage of mucus and blood, without fæces or flatus is pathognomonic of intussusception.

On palpation a cylindrical or rounded intestinal tumor can be felt.

The physician should bear in mind two factors viz :—

1. A damming up of the fæcal current (*obstruction*).
2. A shutting up of the blood supply to a portion of the intestine (*strangulation*).

Certain rules regarding the management of intussusception :—

1. Use opium very cautiously for this drug so masks the symptoms and obscures the general picture, as to lead too often to fatal delay in the employment of radical treatment.

2. Lavage of the stomach and colon should be carried out, for it lessens the vomiting, the pain and the absorption of toxins, and also renders safer the administration of an anesthetic.

3. Postural methods and gentle manipulation may be tried to reduce the invagination.

N. B.—Spontaneous reduction has been known to take place.

The medical man should remember :

1. Don't give purgatives, as they increase the pain and vomiting and add to the risk of gangrene, perforation and peritonitis.

2. Don't insufflate the bowels with air, or gas or irrational hydrostatic pressure ; the rupture of bowel may result as the pressure can not be regulated.

3. Don't allow 8 hours or more to pass after the diagnosis is made.

Moderate paralytic conditions of the bowel may sometimes be corrected by hypodermic injections of sulphate of eserin (*gr.* 1/100 to *gr.* 1/50); by colonic douches of cool water or saline solution, or enemata containing stimulating remedies like asafœtida and turpentine. External applications, such as mustard plasters and turpentine stupes, may also be beneficial.

(*A system of Medicine by Osler and Mc. Cræ Vol. V. page 471*)

Radical treatment :

Early laparotomy is the least dangerous and the most successful method of treatment ; but in a warm climate death rate is high.

HÆMORRHOIDS.

Hæmorrhoids are caused by the dilatation of blood vessels with corresponding protrusion of mucous membrane of the rectum.

These are brought about by sedentary habits, obstruction of the portal circulation or chronic constipation.

The physician should keep in mind the following points :—

1. To reduce the inflammation of the hæmorrhoids.
2. To bring about a contraction of the hæmorrhoids.
3. To prevent their recurrence.
4. To lubricate rectum with ointment.

1. To reduce the inflammation, apply cold compress or hot fomentation over anus when in the dorsal position with hips elevated.

(a) *Cold compress :—*

R.

Tinc Opii	5. i
Goulard's lotion (cold)	0 i

(b) *Hot fomentations :—*

- (i) Let the patient sit over hot floor, or over hot handle of a chair.

(ii) Foment with equal parts of folia Cannabis Indica and salt.

(iii) Foment with the soft pulp of snail.

2. To reduce the size of hæmorrhoids the writer prescribes Adrenalin or Hazeline ointment, soaked in absorbant cotton; when the sphincter contracts cotton affords mechanical pressure and aids contraction.

3. To prevent recurrence, the patient should take cold bath daily; wash anus with cold water after each defæcation, keep the bowels loose by mild laxative.

The writer recommends the following;—

(a) Confectio Rosæ. Confectio Sulphur. aa. oz. i.

Dose a dessertspoonful with warm milk before retiring.

(b) Pulv: of one Myrabolum at bed time.

(c) Pulv: Glycerhizæ Co. dr. i.

To be taken with warm milk at night.

A. Pearce Gould in *The Hospital*, says that in his experience nothing has afforded such comfort to patients suffering from piles as the daily use of a small enema. He generally prescribes not more than three-quarters of a pint of tepid water, to be gently injected into the bowel every morning.

4. To lubricate rectum, the patient should use with a rectal ointment introducer the following ointment.

R.

Ung. Gall. cum. Opii.

— Conni.

— Hammamelis.

— Zinc. oxide

aa. ʒ. ii

N. B.—It should be inserted before defæcation to lubricate the part for the passage of stool, and should be applied after passing stool to heal up the ulceration if any.

Injection of Carbolic acid or distilled water into the piles is said to effect cure.

Med. Times and Hosp. Gaz. Nov. 28, 1896 contains a painless cure of piles:—

“Paint once daily with a 2 per cent sol. of Nitrate of Silver.”

Dr. Samways has applied Collodion to external piles dropping it on fibres of cotton-wool which are spread over the piles each morning after defæcation. (*British Medical Journal Nov. 21, 1896*).

In case of bleeding piles, the writer recommends injection of eight ounces of the following lotion:—

R.	Ferri alum.	5i
	Aq. Distil.	0 i

Subsequently paint bleeding points with any of the following:—

1. Liq. Adrenalin. 1 in 1000.
or

2. R.
Tinc. Ferri perchloride
Hazeline
aa ʒ. ii

Dietetic treatment:

Patient should take plain, easily digestible farinaceous diet; vegetables and oatmeal porridge are good; laxative fruits *e.g.*, raw or ripe papaya, bael, figs and cocoanut water are recommended.

Avoid meat, alcohol and spices.

A pinch of Pulv. “isargool” followed by two ounces of water morning and evening is very efficacious.

FISSURES & EROSIONS OF THE ANUS.

Fissures and erosions are located in the circumference of the anus with swollen edges and purulent bases.

The stools should be kept soft by the use of a suitable diet, laxatives and irrigations of oil.

Before defæcation, the rectum should be lubricated with oil.

Two best local medicines are.

- (i) Silver nitrate in the shape of Nargol, Protargol.
- (ii) Pure ichthyol.

After cocainizing the part apply any of the above medicine.

- (iii) Emolentine ointment is very efficacious.

CATARRHAL JAUNDICE.

Jaundice is a general condition symptomatic of disease either of the liver alone (*hepatogenous Jaundice*) or of the liver and blood in association (*hæmo-hepatogenous Jaundice*), characterised by yellow discolouration of tissues with bile pigment.

Theories of Jaundice :—

1. Frerick's hypothesis.

Jaundice is due to accumulation in the blood of bile pigment which has been imperfectly oxidised. Bile constituents may accumulate in the blood in two ways :—

(a) Increased absorption of bile into the blood.

(b) Diminished consumption of bile constituents.

He considers that *bile acids* are the chief of these constituents and are the precursors of bile pigment which in turn becomes oxidised in blood into urinary pigments. If the normal oxidising process is hindered, an excess of bile pigment will accumulate in the blood, and in this way Jaundice may arise independent of any obstruction.

The fault therefore lies entirely on blood which fails to oxidise the bile pigment normally absorbed.

2. Kuhner's theory :—

Bile acids do not become converted into bile pigment, but that they liberate the hæmoglobin of red corpuscles and that the hæmoglobin is subsequently converted into bile pigment. Hence all agents capable of liberating an excess of hæmoglobin in the blood, are capable of producing Jaundice.

3. Suppression theory :—

Suppression of biliary secretion as the result of some morbid action of liver itself, causes Jaundice.

The biliary ingredients are not eliminated and consequently accumulate in the blood.

Varieties of Jaundice :—**I. Obstructive or Hepatogenous. Jaundice.****A. Obstruction by foreign bodies within the duct :—**

- (a) Gallstone and inspissated bile.
- (b) Hydatid and distomata.
- (c) Foreign bodies from intestine.

B. Obstruction by inflammatory tumefaction of the duodenum or of the lining membrane of the duct with exudation into its interior.

C. Obstruction by stricture or obliteration of duct.

- (a) Congenital deficiency or obstruction of duct.
- (b) Stricture from perihepatitis.
- (c) Closure of orifices in duct in consequence of duodenal ulcer.
- (d) Stricture from cicatrisation of ulcer of bile duct.
- (e) Spasmodic stricture ?

D. Obstruction by tumors closing the mouth of the duct or growing into its interior.

E. Obstruction by pressure on duct from without by :—

- (a) Tumour projecting from liver itself.
- (b) Tumors of stomach, pancreas or kidney.
- (c) Omental tumor.
- (d) Abdominal aneurism.
- (e) Fæcal accumulation.
- (f) Pregnant uterus.
- (g) Ovarian or uterian tumor.

II. Non-obstructive or Hæmatogenous or Toxaemic Jaundice :**A. Poisons formed outside the body.**

- (a) Phosphorus.
- (b) Arseneureted hydrogen.

- B. Poisons formed inside the body in various specific fevers.
 - (a) Yellow fever.
 - (b) Malaria.
 - (c) Relapsing fever.
 - (d) Typhoid.
- C. Special ictero genetic poisons.
 - (a) Epidemic Jaundice.
 - (b) Weil's disease.
 - (c) Acute yellow atrophy of liver.
 - (d) Malignant Jaundice e.g. Cancer. &c.

Catarrhal Jaundice is due to inflammatory swelling of the lining membrane of the bile ducts, and the consequent obstruction to the outflow of bile into the intestine. The result being :—

I. On account of the presence of bile pigment in the circulation :—

- (a) Yellow complexion.
- (b) Yellow conjunctivæ.
- (c) Itching of the skin.
- (d) Greenish yellow coloured urine.
- (e) Slow pulse.
- (f) Yellow vision.
- (g) Bitter taste in the mouth.
- (h) Cerebral symptoms in severe cases.

II. On account of the absence of bile in the intestine :—

- (a) Clay coloured offensive stool.
- (b) Abnormal fermentation with the formation of gas in the intestine.
- (c) Gastro-enteritis.
- (d) Constipation.

Hence the physicians should be on the alert to restore order to the great gate-way of circulation.

1. By stimulating liver either directly or indirectly and thereby allow bile to flow into its natural channel.
2. By liver tonics, etc.
3. By removing the abnormal intruder—bile from the circulation.

For practical treatment it is grouped under two heads :

I. Acute.

II. Sub-acute.

I. Acute catarrhal Jaundice.

Internally :—

At the very onset give a brisk mercurial purge as follows :—

℞		
	Hydrarg : Subchloride	gr. v
	Sodii Bicarb.	gr. x

Mft. for a pulv : Sig : at bedtime.

Repeat it once or twice a week till recovery to relieve congestion of liver and intestine ; on the following morning a good dose of Sodii phosph. effervescence in lukewarm water to hasten the action of bowels. It should be administered after calomel.

The writer strongly advocates the use of hepatic stimulants and saline hydragogue purgatives, and strongly condemns the use of quinine in this stage of the disease ; as there are symptoms of gastro-enteritis, the use of salines in an effervescent mixture is well tolerated.

℞.		
	Liq : Ammon Citratis	ʒ. ii
	Acid Citric	gr. x
	Syr. lemon	ʒ. ss
	Aq : aurantii floris.	ad. ʒ. ss

Mft. for a dose : Sig : one with the following thrice a day.

℞.		
	Sodii Benzoas	gr. v—x
	— Phosph	ʒ. i
	— Sulph	ʒ. i
	— Bicarb	gr. xv
	Aq. Chloroformi.	ad. ʒ. i

Mft. for a dose : Sig : one with the above thrice a day.

N.B.—Prof : Murchison recommended Ammon Chloride gr. xx. two or three times a day to influence free diaphoresis and to diminish the portal congestion and pain ; so you can add it to the above mixture if required.

Writer's favourite formula :—

R.

Ammon Chloride	gr. x
Sodii Benzoas	gr. v
— Phosph	ʒ. i
— Sulph	ʒ. i
— Glycocholate	gr. iii
Glycerine	m. xv
Aq: Chloroformi	ad. ʒ. i

Mft. for a dose : Sig : one thrice a day.

At bedtime give him in a routine fashion the following pill :—

R.

Pulv. Euonemin	gr. ii
„ Iridin	gr. i
Resin Podophyllin	gr. ʒ
Oil Menth pep.	m. ʒ
Pil Rhei Co.	gr. i ss.

Mft. for a pill : Sig : at bed time.

On the following morning the decoction of the following indigenous drugs.* may be prescribed :—

R.

Coriander (old)	½ tola by weight
Palta	1 tola
Khetpapa	2 tollas
Gulancho	2 tollas
Root of Benu	1 tola
Kantakari	1 tola
Red Sandal wood	½ tola

*Palta—leaves of *Patola* or *Trichosanthes Dioica* ; Khetpapa—*Syn. Oldenlandia biflora* ; Gulanchu—*Tinospora Cordifolia* ; Benamul—*Andropogon muricatus* ; Kantakari —*Syn. Solanum Jacquiniæ*.

Boil them in half a seer^b of water after soaking for a couple of an hour, till it is reduced to half a chattaek.

Dose half a chattaek early in the morning on an empty stomach. The writer has systematically prescribed this with marvellous effect.

Prof : Shoemaker remarks :—

The drug *par excellence* in catarrhal jaundice to relieve the inflamed and swollen condition of the mucous membrane lining both the intestines and the various ducts of the liver is the fluid extract of hydrastis given in doses of twenty to thirty minims half an hour before each meal and at bedtime. This drug will not only act upon the involved mucous membrane but it will at the same time stimulate the dormant hepatic cells and liquefy the bile.

N.B.—1. Rectal injections of one or two pints of lukewarm water daily retained as long as possible, have been recommended to allay any intestinal irritation.

The injection of cold water (*temp.* 60°F, gradually increased to 72°F) into the rectum slowly by means of an irrigator, from 40 to 50 ounces at a time, according to the tolerance of the patient, and retained as long as possible and often repeated, has been advocated by Krull (*and lauded by Du Jardin-Beaumez*) as a cure for catarrhal Jaundice.

(*Burney Yeo's Manual of Medical treatment Vol. ii P. 108*).

2. Tabloid Fellis Bovini purificati :

Dose —one to be swallowed with little water twice a day after meal.

3. Ovogal (*a compound of bile acid from fresh ox bile and albumen*) brings rapid relief when administered in doses of $\frac{1}{2}$ to 1 gr. ; it acts by increasing the secretion of bile.

Locally :—

Warm linseed poultice over hepatic region followed by bandage.

^bOne seer is equivalent to 32 ozs. ; one chattaek—2 ozs.

Treat the patient symptomatically.**1. Gastro-enteritis :**

℞	Bismuth Carb.	gr. iv
	Pulv Acacia	q. s
	Acid Hydrocyanic (Dil)	m. i
	Sodii Citras	gr. iv
	Aq. Chloroformi	ad ʒ. i

Mft. for a dose Sig: one when required.

2. Abnormal fermentation :

℞.	Salol	gr. iii
	Sodii Bicarb	gr. x

Mft. for a pulv: Sig: one twice a day an hour after meal.

3. Itching of skin :—

Warm sponging with carbolie lotion is recommended.

II. Sub-acute catarrhal jaundice.

Internally :—

Mineral acid treatment is best.

The following is the writer's favourite prescription :—

℞.	Ammon chloride	gr. x—xv
	Acid Nitro-muriatic (Dil)	m. x
	Sodii Sulph	ʒ. i
	Tinc: Podophyllum	m. v
	Glycerin	m. xx
	Aq. Chloroformi	ad ʒ. i

Mft. for a dose: sig. one thrice a day.

N.B.—1. Tabloid Pilocarpinæ Nitratis gr. 1 10 thrice a day may be administered with the mixture. It should not be used in heart cases: it should be stopped when toxic symptoms appear. *e.g.*, salivation, etc.

2. Decoction of white "punarnava"† and old "mula" (*Raphanus sativus*—Garden Radish) may be used when the urine is very scanty and is of a greenish yellow colour.

†White "punarnava"—*Boerhaavia Diffusa*.

Locally :—

Nitro-muriatic acid bath over liver as follows :—

R.

Acid Nitro-muriatic (Dil)	℥. ii
Hot water	℥. x—xx

Mft. soak a flannel with it: apply it over hepatic region followed by bandage once a day.

During the stage of convalescence the following combination acts like a charm :

R.

Ammon. Chloride	℥. iv
Acid Nitro-Muriatic (dil)	℥. iv
Liq: Eucalyptin et pepsin Co. }	℥. iv
or }	
Liq: Iridin et papain Co.	

Dose a teaspoonful in an ounce of water twice a day after meal.

N.B. —If there be a tinge of malaria, Quinine Salicylas gr. v. in the morning is allowable.

Dietetic treatment :—

1. Milk and soda water equal parts.
2. Plasmon and milk.
3. Horlick's malted milk at night.
4. When fever is less and the patient is craving for food, bland starch diet is allowable *e.g.*—
 - (a) "Khoi Mund" with little honey and rose water.
 - (b) Washed loaf
 - (c) Sago which has been strained and made into a thick pultaceous jelly and to which a little salt and juices of lemon or oranges have been added.
5. Fruit juices.
6. Fat and fatty diets, meat and sugar are to be avoided.

Hygienic treatment :—

In prolonged cases careful nursing is urgently necessary :—

1. The patient should mostly rest in bed, but a gentle walk morning and evening may be practised.
 2. Clothing and bed sheet should be changed often.
 3. Room should be dry and well aired.
 4. Warm bathing or sponging from time to time is indispensable.
 5. Examine the stool and the urine daily, note change if any.
 6. Avoid exposure to chill.
 7. Avoid stimulants, *e.g.*, alcohol, *ganja*, toddy, etc.
-

ICTERUS NEONATORUM.

Icterus Neonatorum *i.e.* Jaundice of the new-born infants, is of two kinds :—

- I. Mild
- II. Severe.

I. Mild icterus.**Cause :—**

1. Diminished pressure in the portal vessels, following the severance of the placental circulation, allows absorption of bile from the bile capillaries, in which the tension is greater.
2. Quinke's View :—
Ductus venosus may remain open; allowing some of the portal blood containing bile to flow into the systemic circulation.
3. Jaundice is hæmatogenous and is due to the destruction of large numbers of red blood-corpuscles during the first few days after birth.

Symptoms:—

Jaundice, colourless faeces, and bile-stained urine which as a rule, disappear within two weeks.

II. Severe icterus.**Cause:—**

1. Congenital absence of the common or hepatic duct.
2. Congenital syphilitic hepatitis.
3. Septic poisoning.

Treatment:—

Same as in Jaundice.

ICTERUS GRAVIS.

(*acute yellow atrophy of the liver.*)

Acute yellow atrophy of the liver is a malignant Jaundice characterised *anatomically* by extensive necrosis of liver-cells and *clinically* by jaundice, delirium, diminution of the liver volume and presence of leucin and tyrosin in the urine.

Classical Symptoms are :

1. Gastro-duodenal catarrh.
2. Brain symptoms *e.g.* headache, delirium, convulsion.
3. Vomiting.
4. Hæmorrhages occur into the skin.
5. Fever.
6. Jaundice.

treatment:—

Medicine is of no avail in this grave disease.

CHOLELITHIASIS (GALL-STONE).

One of the important medical questions of the day is that of the causes and treatment of gallstones.

Old theory:—

The formation of gall-stones is ascribed to a constitutional defect, which causes the liver to secrete abnormal quantities of bile containing a relatively insufficient proportion of bile-salts (*the solvent of cholesterin*), thereby giving an opportunity for the formation of a cholesterin deposit.

Naunyn's theory:—

The primary cause of the disease is an infection of the bile proceeding from the intestine and resulting in catarrh of the bile-duct and gall-bladder.

Glaser's theory:—

Disturbance of secretory nerves and irritation of sympathetic glands of the liver, will result in a rich and mucous bile and allows cholesterin to be precipitated. Cholesterin and bilirubin-calcium then accrete around the mucous products of the inflammatory-process and thus gall-stones are formed.

Bacillary theory:—

Bacteria plays an important role in the production of gall-stones and the route by which the organisms gain entrance to the biliary tract, may be from the blood, either from the general or portal system.

Classical symptoms of gallstone colic:

Sudden onset of a severe colic in the region of gall-bladder, accompanied by well-defined Jaundice, rigor with or without fever and enlargement of gallbladder..

Varieties of inflammation of the gall bladder:—

1. Serous or catarrhal form.

This clinical form is characterised by a remarkable tendency to pass into the latent or quiescent stage, where the patient is free from trouble. The patient may have experienced single or repeated attacks and continues to be well for the rest of his life.

Keher estimates that about 80 per cent take this course.

Medical treatment is of avail in this clinical form of the disease.

2. Purulent, phlegmonous and gangrenous form.

If the efforts of nature fail to accomplish the expulsion of the stone, if the acute obstruction of the common duct becomes chronic or a local peritonitis round the gall-bladder a pericholecystitis is developing, operative interference is imperative.

In the treatment of cholelithiasis four problems require to be solved :

- I. The alleviation of pain in the attacks of colic.
- II. The promotion of the process of passing stones which have already been formed.
- III. The prevention of the formation of new stones.
- IV. The reduction of the inflammation of the biliary system.

The treatment falls under the category of two broad divisions :—

1. *Palliative.*

2. *Curative.*

- | | | | |
|---------------|---|----------------|---------------------------|
| 1. Palliative | { | 1. Preventive. | { i. Dietetic |
| | | | { ii. Hygienic |
| | { | 2. Medical | { i. during an attack |
| | | | { ii. between the attacks |
| 2. Curative | { | 1. Medical. | { i. during an attack |
| | | | { ii. between the attacks |
| | { | 2. Surgical. | |

Dietetic treatment :—

The diet should be light and nutritious : patient should take it at regular hours with frequent intervals,

N.B.—1. Avoid sweet and starchy food.

2. „ rich dishes.

3. „ spices.

4. „ alcohol.

Hygienic treatment :—

Heredity, geographical conditions, tight-lacing, want of exercise, physical over-exertion, general incipient marasmus and infection are the predisposing causes of the disease. Rest, both physical and mental, fresh air and warm bath are indispensable. Dr. George Harley advocates the use of massage; he recommends that gall-stones are to be expressed from the gall-bladder by digital manipulation: this plan of treatment is highly irrational.

Dr. Lauder Brunton recommends a tumblerful of natural Carlsbad water with a little hot water before breakfast, and a tumblerful of simple hot water before the later meals. It stimulates peristalsis, increases flow of blood to the abdominal organs.

The following combination early in the morning on an empty stomach acts well :

R.

Sodii Salicylate	gr. iii
„ Benzoate	gr. v
„ Sulphate	ʒ. i
„ Phosphate	ʒ. i
„ Bicarb	gr. xv
„ Chloride	gr. vi
Aq: Chloroformi	ad ʒ. j.

Mft. for a dose Sig : early in the morning.

Fachingen water, Contex. vil. : natural mineral water are spoken off highly by some physicians. Sodii Phosph effervescence (*P. D. & Co.*) a cupful early in the morning in lukewarm water acts nicely.

During an attack :

Hypodermically :—

Tabloid Hypo. Morphine Sulph. gr. $\frac{1}{2}$ — $\frac{1}{4}$.

Internally :—

1. Drink a pint of water as hot as it can be taken.
2. The following is the favourite combination of the writer.

R.

Heroin hydrochlor.	gr. 1/12
Spt. Etheris Co.	m. xxx
Spt. Chloroform	m. xv
Tinc. Carminative	m. x
Aq. Aurantii floris	ad. ʒ. i

Mft. for a dose: Sig one every two hours up to 2 or 3 doses.

3. The following prescription has been recommended in *Allbutt's System of Medicine*.

R.

Exalgine	gr. j
Hot water	ad. ʒ. j

Mft. for a dose: Sig: every half an hour for 3 or 4 doses.

4. 20 to 30 grams of Cognac and yolks of two eggs act as an anodyne.
5. Half to one ounce of glycerine relieves attacks of hepatic colic.

Externally :—

1. Hot fermentation over hepatic region.
2. Warm linseed poultices over hepatic area.
4. Chloroform stup to alleviate pain.
5. Injection into the rectum of large quantities of hot water.

Between the attacks :—

Internally :—

Open the bowel by calomel: then prescribe any of the following :—

1. Olive oil: 2 to 10 ozs: daily.

Better to begin with 2 drachms every three hours up to 3 ozs. in 24 hours.

2. Oleic acid m.viij in capsule morning and evening for ten days, then a period of rest for twenty days.
3. Sodium glycocholate gr.v. in paper catchet thrice a day after meal: the writer finds it an infallible drug in this disease.
4. Dr. Langheld in the April number of the "Therapist", 1907, recommends Bilitin.

"About 6 to 7 hours after taking Bilitin there had appeared in all the cases diarrhoea-like stools. Every one of the five patients experienced considerable relief after the setting in of the effect, and the pains were no longer felt, even upon strong pressure"

Bilitin is free from after-effects, is a cholagogue and renders chemical verification of calculi.

5. Cholelith pill (*P. D. & Co.*)

The formula of which is given below :

R.

Phenolphthalein	gr. ʒ
Acidi sodii oleatis	gr. i. ss
Sodii salicylas (from	
Natural salicylic acid)	gr. i. ss
Menthol	gr. 1/10

or

Phenolphthalein	gr. ʒ
Sodii oleat acid	gr. ʒ
Acidi salicylic pur.	gr. i. ss
Menthol	gr. ʒ

Mft. for a pill.

N. B.—Natural salicylic acid and sodii oleat acid are (i) cholagogue (ii) solvent of concretion and (iii) biliary disinfectant.

Menthol and phenolphthalein act by promoting intestinal activity.

Dose:—2 pills are given night and morning followed by a glassful of hot water: take plenty of hot water in the interval of treatment.

6. Belladonna has been said to have a specific action.

R.

Ext. Belladonna gr. 1

Resin podophyllin gr. 1

Mft. for a pill: Sig: one thrice a day.

7. Durand's drop: It consists of one part of turpentine and four parts of ether in capsules. The dose is 15 to 60 drops. Stop the medicine when there is vomiting.

8. Prof. H. Senator of the University of Berlin (*Forlia Therapeutica*, April 1909) recommends the following:—

R.

Sapo medicat. grm. x—xv

Mucilag. mimos. q.s. ft. 100 pills

Pulv. cinnamomii q. s

Dose:—Three pills to be taken thrice daily immediately after meal.

N. B. -Sapo-medicatus is in reality a combination of sodium with oleic acid and small quantities of margaric acid, and is neutral in reaction.

9. Dr. W. Bauermeister recommends Probilin.

Dose:—3 to 4 pills with a half to a pint of warm water, morning on rising and evening before retiring.

10. Dr. Otto Preich of Berlin (*Deutsche Aerzte-Zeitung*, Sep. 1909) advocates the use of chologen as was formulated by Dr. Glaser of Muri; its principal ingredients are mercury, podophyllin, essential oils such as cumin melissa, camphor, etc.

The mode of administration is as follows:—For ten consecutive days the patient takes at mid-day and in the evening before meals one or two tablets of No. 1.

This is followed by taking by 20 days at midday and in the evening one or two tablets of No. 1. and one tablet of No. 2.

Finally for ten days at mid-day and in the evening, one or two tablets of No. 3, are given.

11. 1-4 drs: of glycerine in alkaline water *e.g.* vichy water prevents the returns of colic.

Taken by the mouth it is directly absorbed by the lymphatic vessels going from the stomach to the liver; thus it finds its way to the sub-hepatic veins; It is a powerful cholagogue.

12. Sodium succinate has a curative action.

Dose:—gr. v. dissolved in a glass of water, thrice a day; it should be faithfully used for a year.

(*The American Journal of clinical med.* Jan. 1910.)

13. Chauffard (*La. sem. Med:* p. 1, 1901) recommends the following:—

R.

Sodii salicylas

— Benzoas

aa gr. xv

Carlsbad salts

ʒ. ss

Mft. for a pulv. Sig. to be taken at meal times daily.

Externally:—

Injection into the rectum of olive oil has been spoken off highly by some physicians.

Surgical:—

When medical treatment is of no avail and the calculi are too large for the tensibility of the ductus choledochus, surgical measures should be resorted to.

Prognosis:

A stone in the common duct is a permanent menace to the life of its possessor: death threatens him from various sources: — cholemia, ascending cholangitis, abscess of the liver, thrombophlebitis of the portal vein and pancreatitis.

PANCREATIC CALCULUS.

Pancreatic calculi are chiefly composed of phosphorus and carbon salts.

Classical symptoms are :—

1. Pain or discomfort is felt in the upper abdomen, generally at or near the middle line. The pain frequently comes in sharp colicky attacks, similar to, but less severe than those due to gall-stones. When the pain is at its height there may be.

(a) Vomiting.

(b) Hiccough.

(c) Rigors.

(d) Cold sweats, or collapse.

2. Fatty stools.

3. Temporary diabetes.

Treatment :—

The subcutaneous injection of pilocarpine incites the flow of the pancreatic juice and is highly recommended by the writer.

TROPICAL HEPATITIS:

Tropical hepatitis is characterised *anatomically* by the formation of one or more large foci of microbic necrosis at first diffuse, but afterwards limited by a pyogenetic membrane, and *clinically* by febrile hyperæmia associated with dysentery or independent of it, and terminating in resolution or suppuration. Hence for practical treatment there are two types of hepatitis, *viz* :—

1. **Acute.**
- | | | | |
|---|--|---|--|
| { | i. <i>Active.</i> | { | (a) due to gastro-intestinal causes, e.g., catarrh of intestine, rich food, alcohol etc. |
| | | | (b) Due to toxic causes e.g., malaria, dysentery. |
| | ii. <i>Passive</i> , due to cardiac causes specially of mitral origin. | | |

2. Suppurating.

1. Acute hepatitis is characterised by the constitutional and local symptoms. It is regarded as a febrile congestion resulting from the absorption of ptomaine from the bowel.

Constitutional symptoms are :—

- (a) Hectic rise of temperature.
- (b) Coated tongue.
- (c) Constipation.
- (d) High-coloured urine.
- (e) Gastric disturbance.
- (f) Slight Jaundice.

Local symptoms are :—

- (a) Pain radiating to right shoulder through the Nerve—External Respiratory Bell,
- (b) Tenderness usually increased on pressure.
- (c) Uniform enlargement of the liver.

N.B —If these symptoms do not subside spontaneously or as the result of treatment, suppuration is to be feared.

2. Suppurating hepatitis :—

Classical symptoms are :

- (a) Rigors.
- (b) Sweating.

- (c) Bulging and painful enlargement in some part of hepatic region.
- (d) Fluctuation.
- (e) Decubitus, *i.e.*, the patient is seldom able to lie on either side without suffering.

Acute hepatitis :—

Prophylactic :—

Room should be large and airy; avoid exposure to heat or chill; clothing should be adapted to the season; avoid too much, too little and highly seasoned dishes; avoid meat and alcohol. Pomello is recommended.

The writer recommends the following powder as an excellent tonic in torpid condition of the liver :

Four raw *papaya* juice to an equally proportioned powders of rock salt (*Saindhav laban*) and Beet salt (*Beet laban*), sufficient to soak them; dry them in the sun. Repeat this process for seven days alternately soaking and drying.

Dose—gr. v—x twice a day before meal.

Medical :—

Internally :—

1. Open bowel by calomel followed by saline draught in the morning.
2. Writer's favourite formula :

R.

Ammon chloride	gr. xv
Sodii sulph.	ʒ. j
Tinc. podophyllum	m. v
Ext: Boldo liq	m. x
Liq: Euonymin et pepsin Co.	ʒ. j
Aq: Chloroformi	ad. ʒ. j

Mft for a dose : Sig: one thrice a day.

3. Ipecacuanha treatment :

A generation ago Maclean and Norman Chevers recommended large doses of the drug in acute hepatitis actually in order to prevent suppuration taking place, but for some reasons this practice has fallen into abeyance. till recently Leonard Rogers revives the use of this valuable drug in pre-suppurative amœbic hepatitis. (*Therapeutic Gazette*, June 1909.)

Amœbic abscess of the liver is a preventable disease; the first sign of improvement will be a marked diminution of hepatic pain, then fever begins to fall and lastly the size of liver will be decreased.

The usual method is to give ipecac as a powder 5—15 grains some 20 minutes after a dose of Tinc. of Opium, or better 20 grains of chloral hydrate; no food or drink being given for several hours before and after, the patient being kept as quiet as possible and instructed to try not to vomit. Give it once a day for one or two weeks after the temperature falls to normal, and smaller doses for sometime longer in the more acute cases.

The drug is given in keratinized capsules, which do not dissolve in the stomach, but carry the drug into the bowel.

The physiological action of ipecac is unknown.

4. Benzo-naphthol gr. ii is to be administered in the interval between the exhibition of ipecac.

5. James cantlies formula:—

R.

Ammon Chloride	gr. xv
Pot : Iodide	gr. v
Pot : Bromide	gr. v
Ext : Taraxaci liq :	3. ss
Aq : Chloroformi	ad. 3. i

Mft. for a dose : Sig : one thrice a day.

Locally :—

1. Lin : Iodi to be painted over the hepatic area.
2. Nitro-muriatic bath over liver region.
3. Hot fomentations or a very large poultice changed every 3 hours is useful.

II. Suppurating hepatitis.

Operation is the usual rule. Some surgeons recommend the withdrawal of pus by an aspirator and injection of 20 grains of bihydrochlorate of Quinine into the cavity once. 15 grains of calcium chloride should be given half an hour before operation. If for some reasons or other the abscess be left to nature, it will burst either in the lungs or intestine. In the former the prognosis is better than that of the latter, as the pus has to pass through several aseptic media of the respiratory tract, while in the latter intestine is full of sepsis.

Thus we see that liver abscess may burst either into the lung or intestine.

Liver abscess bursting into the lung:—

Internally :—

The writer recommends the following :—

R.

Ectliol	℥. i
Pot Iodide	gr. v
Ammon chloride	gr. x
Liq : Iridin et Papain Co.	℥. i
Aq : Camphoræ	ad. ℥. i

Mft. for a dose : Sig : one thrice a day.

Ecthol is alterative, antiseptic, tonic, stimulant and sedative, and therefore is indicated, while potassium is absolutely necessary.

Inhalation :—

R.

Ol. Eucalyptus	℥. ii
Ol. Terebinth	℥. j
Acid carbolic	℥. ss

Mft. to be sprinkled over cotton for inhalation.

Gargle :—

(i) Odol.

(ii) Listerine.

(iii) Glycothymolin.

Hæmoptysis :—

℞.

Hæzelline	m. x
Ext : Ergot liq :	m. x
(Hewlett's.)	
Sodii Sulph :	gr. xv
Liq : Morphin Hydroch.	m. x
Liq : Eucalymin et pepsin Co.	5. j
Aq : Chloroformi	ad. 3 j

Mft. for a dose : Sig : one thrice a day.

Fever :—

℞.

Sodii Benzoas	gr. v
Salol	gr. iii
Quinine Hydroch.	gr. iv

Mft. for a pulv : Sig : one thrice a day.

During Convalescence :—

(i) ℞.

Guaiacol Benzoas	gr. v.
------------------	--------

Mft. for a pulv : morning and evening.

(ii) Iron and arsenic in the shape of arsenio ferratose. Dose
a teaspoonful twice a day after meal.

Liver abscess bursting into intestine :

Keep the intestine aseptic as far as practicable by salol, Benzonaphthol, etc.

Hygienic treatment :—

Rest is indispensable to prevent the diaphragm moving over the top of the liver. The patient must lie in the horizontal position. To fix the lower part of the chest, strapping is an excellent means. During convalescence a fair amount of exercise should be taken daily in the open air, but overfatigue is to be guarded against.

Dietetic treatment :—

Food should be bland and simple :

Dr. James Cantlie on the other hand remarks :—

“Starchy foods must be withheld.

Avoid butcher's meat and fat: but the *Clinical Journal* 1898 No. 295. page 161 contains the following lines:—“Animal food in its most digestible form is the keynote of successful dieting.”

Milk foods, fermented milk, fish, eggs, chicken, games, and little raw-meat juice are allowed. As drinks, hot water and weak freshly-made tea with lemon are the best. Diluents should be taken freely; barley-water or milk diluted with vichy or soda water is the best, and every morning before getting up half a pint of warm water should be sipped slowly. The writer strongly recommends luke-warm *butter milk* to be taken *ad libitum*

CIRRHOSIS OF LIVER.

We know from the pathology of the disease that fibrous connective tissue constitutes the *Materia peccans* in cirrhosis. No medicines at our disposal can alter or remove the cicatricial connective tissue (Prof. Osler M. D., F. R. C. S.). The so-called cures of atrophic cirrhosis means the re-establishment of circulatory balance.

Varieties of Cirrhosis :—

I. Multilobular or atrophic cirrhosis of Laënnec.

A coarse network of fibrous tissues permeates the whole organ, enclosing in each mesh a number of lobules and hence called multilobular.

Classical symptoms are :—

a. Ascites in about 80 per cent.

b. Irregular bowels.

(i) Constipation: because there is much fluid in peritoneum and hence little fluid in the intestine.

(ii) Diarrhœa: due to the presence of gastro-intestinal catarrh.

- c. Hæmatemesis, melina and hæmorrhoids.
- d. Spleen enlarged.
- e. Hepatic facies.
- f. High coloured scanty urine.
- g. enlargement of superficial vein.

II. Unilobular or hypertrophic cirrhosis.

A fine network of fibrous tissues tends to surround individual lobules and hence called unilobular cirrhosis.

French writers term it *biliary* cirrhosis.

Classical symptoms are :—

- a. Fever.
- b. Jaundice.
- c. Hepatic pain.

Treatment of atrophic cirrhosis.

A rational plan of treatment will be —

- I. Remove the cause.
- II. Restore failing compensation.

I. Remove the cause.

- (a) Alcohol and toddy should be stopped altogether.
- (b) Remove the patient from malarial district and treat him with Quinine Salicylates.
- (c) Treat the syphilitics with Hydrarg. and Iodides.
- (d) Remove source of gastro-intestinal auto-infection, e.g. putrid meat, fish, shell-fish, or contaminated water etc.

Under the influence of the microbes in the alimentary canal with this putrid stuff, the gastro-intestinal ferments give rise to a series of poisons—butyric, acetic, valerianic, lactic and oxalic acid.

etc. without counting indol, phenol, skatol and the toxins manufactured by the microbic agents, notably by the coli bacillus.

Hanot says:—

“The very interesting researches of Boix prove that the organic acids of digestion may produce hepatic cirrhosis, some more easily than others. In the normal state the liver resists these daily poisons. If it grows feeble, or if it is already weak *ab ovo*, the toxic action takes place, and hepatic cirrhosis by auto-infection of a gastrointestinal origin supervenes”.—

(*A text book of Medicine by G. Dieulafoy. Vol I. Page 893.*)

II. Restore failing compensation, by.

[1] Liver tonics and alteratives.

[2] Natural elimination.

(i) Purgatives.

(ii) Diaphoretics.

(iii) Diuretics.

(iv) Paracentesis: either by steel trocar or ‘vegetable’ trocar [Apocyanum].

N. B.—By tapping we remove both fluid and albumen, but by apocyanum we remove only fluid but no albumen.

Prof: Cardarelli advises:—

(i) To stimulate the functions of kidneys by diuretics.

(ii) To use drastic cathartics to produce a copious diarrhoea.

(iii) To keep intestinal tract aseptic.

[3] Proper dietetic treatment.

[4] Climatic change.

I. Liver tonic and alterative.

(a) R.

Sodii Benzoas	ʒ. ii
Glycerine	ʒ. iv
Mag. Sulph	ʒ. iss
Ext. Apocyanum Liq.	ʒ. ii
Spt Etheris Nitrosi	ʒ. iv
Inf. Scoparia	ad. ʒ. viii

Fiat mixtura. Pnt 12 marks. Sig:—one thrice a day.

(b) In enlargement of liver :—

R.

Pot. Iodide	gr. v—x
Ammon chloride	gr. xv
Spt. Etheris Sulph.	m. xv
Ext. Apocyanum Liq.	m. x
Sodii Sulph.	ʒ. i
Inf. Scoparia	ad. ʒ. i

Fiat mixtura. Sig:—Thrice a day.

(c) In syphilitic cases :—

R.

Donovan's Sol.	m. x
Pot. Iodide	gr. v—x
Syr. Trifolium Co.	ʒ. ii
Dec. Sarsa Co.	ad. ʒ. i

Fiat mixtura. Sig:—twice a day.

The basis of the treatment of cirrhosis consists in the milk diet and the iodine, and if persisted in faithfully for a long enough time we can expect good results.

(*Twentieth Century, Practice of Medicine Vol. ix. page 599*).

Writers' favourite formulæ.

R.

Pot Iodide	gr. iii
Sodii Iodide	gr. iii

Mft. for a pulv: to be taken with milk thrice a day.

(d) In malarial cases :—

Quinine Salicylas grains 5 early in the morning.

2. Natural elimination.

(i) Purgatives :—

(a) R.

Pulv. Jalap Co.	ʒ. i
Pot. Acid Tartarate	ʒ. i

Fiat pulv. Sig:—one at bed time when constipated.

(b) R.

Pot. Bicromate	gr. i
Pulv. Enonymin	gr. i
Resin podophyllum	gr. 1/6
Ext. Gentian	q. s

Fiat pill : Sig:—one at bedtime.

(ii) Diaphoretics :

Hot vapour bath is best.

(iii) Diuretics :

Anasarcin : Dose :—one tablet twice or thrice a day.

(iv) Paracentesis :—

(a) When there are urgent complaints *viz.* dyspnoea, displacement of the Apex &c. remove much fluid by tapping and allow the rest to be absorbed gradually.

N. B.—Don't remove all the fluid from abdomen, as the abdominal veins which were so long compressed under pressure of fluid, suddenly dilate and may lead to heart failure.

(b) Injection of Adrenalin sol. as advocated by Dr. James Barr of Liverpool. Empty the peritoneal cavity as far as possible by tapping through a two-way canula; then inject by means of an exploring syringe one drachm adrenalin chloride sol. [1 in 1000] diluted with half an ounce of sterilised water. The canula is then withdrawn; the opening in the abdomen being sealed with collodium.

If the fluid collects again, the operation should be repeated.

The injection of Adrenalin sol. usually causes sharp pain in the abdomen and a rise of temperature $\frac{1}{2}$ to 2 degrees. [Dr. H. W. Plant reports 5 cases thus treated. *British Medical Journal*, July 15, 1905]

(c) Autoserotherapy of Ascites.—Drs. Audibert and Monges (*Presse Medicale* Feb. 2, 1910. *Ref. Jour. Amer. Med Asso.*, March 12, 1910). The technic is similar to that of Gilbert in tuberculous pleural process.

They describe a case of ascites of hepatic origin in which benefit was derived from reinjection of the patient's own ascitic fluid, commencing with 3cc. and never surpassing 10 cc. The injections were made in at intervals of about 6 days and 12 injections were made in all. There was no pain, no local reaction, nor any apparent influence on the temperature or on the elimination of chlorides and urea. The main effect was a copious and persisting polyuria which brought about notable improvement in the general condition as the ascites was drained away. They withdrew salt from the diet, and they emphasize the injurious action of injected salt in ascites resulting from liver disease. They now apply this autoserotherapy in all cases of recurring ascites. The fluid is aspirated and then the tip of the needle is partly withdrawn and diverted and the fluid reinjected into the subcutaneous tissue.

- (d) Recently surgical measures have been adopted for the artificial production of peritoneal adhesions for the establishment of the collateral circulation [H. D. Rolleston M. D., F. R. C. S. and G. R. Turner F. R. C. S., *The Lancet* December 16, 1899.]

N. B.—1. Hepatic extract has been recommended in atrophic cirrhosis with Ascites. (*Medical Annual* page 34, 1902).

2. Calcium hippurate has been spoken off highly by Dugardin Beaumetz in cirrhosis of liver with congestion.

R.

Hippuric acid	grames xxv
Aq. Calcis q. s. to neutralise	
Syr. simplex	grames 500
Syr. Lemon q. s.	

Fiat mixtura, sig.—4 to 6 dessertspoonfuls a day.

3. Fibrolysin has a selective action on pathological fibrous tissue, causing in it a softening process which facilitates the absorption or stretching of such cicatricial formations: it is sold in boxes of

ten ampoules (*Merck*); each ampoule contains 37 minims of 15 per cent. aqueous sol. of fibrolysin. This corresponds to three grains of theosinamin; it is best administered by subcutaneous or intramuscular injection.

The writer argues why this medicine should not be used in cirrhosis of liver characterised by the growth of abnormal fibrous tissue. He recommends his fellow brethren to have a trial of this valuable medicine before concluding any definite decision.

Treat the patient symptomatically—

— Vomiting and catarrhal condition of stomach—

R.

Bismuth carb gr. x

Mag. carb gr. v

Fiat pulv Sig.—One as required to be taken suspended in milk.

2. Flatulency.

(a) Thymol in pill form.

(b) Sodii Sulpho carbolas in mixture.

3. Anasarca.

R.

Pill Hydrarg gr. ii

Pulv. Digitalis gr. i—ii

Pulv. scillæ gr. i

Ext. Hyoseyamus gr. $\frac{1}{2}$ —1

Fiat pill No. 1 Sig.—twice a day.

4. Hæmatemesis and Melina.

As a rule hæmorrhage is not fatal; it is Nature's method to expel blood and thereby lowers blood pressure.

Hygienic treatment :—

(a) Absolute rest in bed.

(b) Room should be made dark.

(c) Remove all sympathetic friends and relatives

Hypodermically:—

Morphin and atropin tabloid to check peristalsis.

*Locally:—*Ice bag over epigastric region.

Internally:—

(a) A little ice to suck when thirsty.

(b) Flush the colon with sterilised water very gently to expel the tarry blood.

(c) Stop all food by mouth for about a week but you can give fruit juices on 3rd or 4th day.

Have rectal feeding for about a week.

(i) Milk peptonised with Fair child's peptonising powder.

(ii) An egg beaten up with two drachms of Vini. Gallici; add prepared Bengers's food and milk 4 ounces.

(iii) One ounce of Panopepton, one quarter warm milk, a pinch of salt for rectal feeding.

(d) Liq. Adrenalin Hydroch (*1 in 1000*) P. D. & Co. Dose ten drops every 3 hours or a tabloid of Hemesin of gr. 1-64 B. W. & Co. Every 2 hours upto 4 or 5 doses a day.

(e) Calcium chloride or better calcium lactate, Hazelline, Tinct. ferri perchloride &c. are recommended by some physicians. They are no doubt best hæmostatics; but the writer has the bitter experience of observing nausea and even vomiting in some cases.

During convalescence:—

R.

Acid Nitro. Hydroch Dil.	m. x
Tinct. Nucis. Vomica	m. iv
Liq. Iridin et papain Co.	5. i
Inf. Gentian Co.	ad. 5. i

Fit mixtura Sig.—twice a day after meal.

Dietetic arrangement—

Plainly cooked bland diet is best.

(a)

R.

Dried pulv. of "Mun"	2 tollas
"Job"	1 „
Milk	1½ poas.
Water	1½ „
Sac. Lactas a pinch	

Boil the mixture till it is reduced to 1½ poas. Dose—ad libitum.

(b) Milk and soda water.

N. B. --Milk is the best diuretic.

(c) Washed loaf.

Dried pulv. of "Mun"

Fried "Atap" rice.

Mix them into a soft pultaceous mass and add little rose water for flavour; and little honey for sweetening.

(d) Fried 'paddy' minced or 'chura' mund, to be mixed with warm milk and little sac. lactas.

(e) Allenbury's diet is very effecient; it is simply a pancreatised milk.

(f) Out meal porridge is good.

N. B.—Avoid meat, soup, broths, alcohol and much water.

Climatic change.

Residence by sea side with moderate climate like Waltair is recommended. A dry laterite soil with an elevation ranging from 1000 to 2000ft. like Giridhe, Modupore, Hazaribag &c. is also good.

Don't send the patients to hills; they are so to speak the grave yard of the dropsical.

Treatment of hypertrophic cirrhosis:—

The treatment is practically the same as of Catarrhal Jaundice.

(Vide my article on Jaundice.)

INFANTILE LIVER.

Before describing the treatment of infantile cirrhosis the writer thinks it better to write a few lines of the disease.

It begins generally during dentition; it is more common amongst Hindus than Mahomedans; it is fatal between 4 to 8 months; it runs in families and several children are affected; as a rule children of the well-to-do and of the middle classes become the victim of this fell disease; the writer is of opinion that early marriage, half naked dress of children, and moist damp climate of Bengal add fuel to the fire of the disease.

A girl of 12 whose bones are not yet fully developed, becomes the mother of a baby; and what kind of fruit can you expect from such a tree? An ill-formed, ill-developed mass of flesh and bone; and liver being the main gate-way of passing food into the circulation, is first affected, hampered, injured and cirrhotic.

Dress no doubt plays an important part in the role of the disease; either the child should be left to nature i. e. undressed like that of the poor or properly dressed from top to toe.

Its true cause is still shrouded in obscurity; probably some irritants are absorbed from gastro-intestinal tract which degenerates the cells of the liver and subsequently increase inter-cellular connective tissue, and later of portal sheath (*Gibbon*).

Hence the rational plan of treatment would be:—

1. Remove the child from an endemic locality.
2. Complete change of food.
3. Engage a healthy wet nurse.
4. Medicine is to be used merely as a whip for the tired horse of vitality.
1. Writer recommends dry laterite soil (*vide the article on cirrhosis of liver*)

Dietetic arrangement—

Plainly cooked bland diet is best.

(a)

R.

Dried pulv. of "Mun"	2 tollas
"Job"	1 "
Milk	1½ poas.
Water	1½ "
Sac. Lactas a pinch	

Boil the mixture till it is reduced to 1½ poas. Dose—ad libitum.

(b) Milk and soda water.

N. B. —Milk is the best diuretic.

(c) Washed loaf.

Dried pulv. of "Mun"

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Mix them into a soft pultaceous mass and add little rose water for flavour; and little honey for sweetening.

(d) Fried 'paddy' minced or 'chura' mund, to be mixed with warm milk and little sac. lactas.

(e) Allenbury's diet is very effecient; it is simply a pancreatised milk.

(f) Oat meal porridge is good.

N. B.—Avoid meat, soup, broths, alcohol and much water.

Climatic change.

Residence by sea side with moderate climate like Waltair is recommended. A dry laterite soil with an elevation ranging from 1000 to 2000ft. like Giridhe, Modupore, Hazaribag &c. is also good.

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3. Engage a healthy wet nurse.
4. Medicine is to be used merely as a whip for the tired horse of vitality.
1. Writer recommends dry laterite soil (*vide the article on cirrhosis of liver*)

2. (i). Pearl barley a teaspoonful.

Milk of one cow 4 Ounces.

Mellin's food a teaspoonful.

Water add 8 ounces :

Boil till water is reduced to one third.

Dose: ad libitum :

(ii). Sanatogen and milk.

(iii). Horlic's Malted milk.

(iv). Luke warm "ghole" (*butter milk*).

3. Examine carefully that the wet nurse is not diseased.

4. Any of the following combination acts well.

(i)

R.

Pulv Enonymin	gr. i
Pulv Enquinine	gr. $\frac{1}{2}$
Salicin	gr. i
Sac : Lactas	gr. ii

Mft. for a pulv : Sig : One thrice a day.

(ii)

R.

Hydrarg. cum cretæ	gr. $\frac{1}{2}$
Pulv Ipecac syn emetin	gr. $\frac{1}{4}$
Salicin	gr. i
Sac : Lactas	gr. iii

Mft. for a Pulv : Sig : One thrice a day.

(iii)

R.

Quinine Salicylas	gr. i
Sodii Benzoas	gr. ii
Leptandrin	gr. $\frac{1}{2}$
Sodii phosph	gr. vi
Ol anisi	m. $\frac{1}{2}$

Mft. for a Pulv : Sig : one thrice a day.

- (iv) When pulse is very feeble prescribe a stimulant *e.g.* Cognac, 1848 (*it contains Ozonised ether*) : Dose 5 to 10 drops with milk thrice a day.
- (v) During convalescence the writer strongly recommends Cream of Malt with Codliver Oil and hypo-phosphites (*Oppenheimers & Sons*) minim xx twice a day to be gradually increased to a drachm or so.
- (vi) Virol is an excellent adjuvant.

Its essential constituents are:—

- (a) Yolk of eggs.
 - (b) Red bone-marrow.
 - (c) Ext of malt.
- (vii) Ext. of Red bone marrow (*Armour's*) is very efficacious.

Diseases of the Circulatory System.

CHAPTER. V.

ANGINA PECTORIS.

Angina is a form of pain in the præcordial region, radiating in other directions especially towards the left shoulder and along the course of the left ulnar nerve, with a feeling of great anxiety, of oppression with more or less dyspnœa, and with pallor of the face and variations in the pulse, and is associated with a number of morbid conditions of the heart and vessels, more particularly with atheromatous changes in coronary vessels.

Before describing the treatment the writer thinks it better to state the theories which so to speak flood the pages of medical literature.

1. *Nervous theory* :—Neuralgia of cardiac nerves.
2. *Vasomotor theory* :—A sudden rise of tension in the systemic arteries.
3. *Myocardial theory* :—Cramp of heart muscles.
4. *Arterial theory* :—Spasm of coronary arteries.
5. *Diathesis theory* :—Gout of heart.

In the treatment of angina pectoris, the physician should bear in mind the following points :—

- (i) To lower arterial blood pressure.
- (ii) To carefully regulate bowels.

Angio-sclerosis creeping on slowly but surely, "With no pace perceived" is the nemesis through which nature exacts retributive justice for the transgression of her laws—coming to one as an apoplexy, to another as an early Bright's disease, to a third as an

aneurism, and to a fourth as angina pectoris, too often slitting "the thin span of life" in the fifth decade, at the very time when success seems assured.

For practical purposes the treatment comes under two subdivisions: *prophylactic* and *medical*.

Prophylactic treatment.—Avoid all strain physical and emotional, over-excitement, moral errors, dissipation, excesses in tobacco-smoking, tea, coffee and alcohol; avoid hurry in meals and worries of life as much as possible; remove all gouty and other blood contaminations; avoid exercise immediately after meal, and cold baths as advised by Lyon in *Therapeutic Gaz.* Oct. 1898.

Medical treatment.—It embraces.

1. Prevention of an attack.
2. Treatment during an attack.
3. Treatment between the attacks.

1. Prevention of an attack:—

R.

Erythrol-tetranitrate	gr. j
Vini Gallici	5. j
Aq. Destil	ad. 5. i

Mft. for a dose: tension begins to fall in 2 or 3 minutes.

2. Treatment during an attack:—

Ethyl chloride spray over painful part and heat on chest by hot bottles, which may be replaced by mustard poultice, be applied locally.

Prof. Lauder Brunton recommends amylnitrite. Ether may be inhaled. The capsule of amylnitrite should be broken in an handkerchief and be inhaled when required.

Nitro-glycerine tabloids, one every hour upto 3 or 4 and

R.

Liq. Trinitrin	m. 1/100
Nitrite of Amyl	m. j
Menthol	gr. 1/50
Capsicum (oleo resin)	gr. 1/100

To be given in capsules internally. One capsule is to be given every two hours.

Engstad states that in angina pectoris, cactus is almost a specific. Many cases of angina pectoris are the result of partial failure of the heart, here cactus grandiflora will often relieve the anginal pain by giving the heart, the necessary strength to maintain the arterial tension without becoming exhausted and tends to prevent their recurrence by giving tone to the vasomotor centres.

In hysterical cases, valerianate of amyl $2\frac{1}{2}$ grs. in capsule acts like a charm. It should be given four times a day to diminish dyspnœa.

3. Treatment between the attacks:—

Open bowels by salines when required. Huchard recommends iodides, and Murrell recommends nitroglycerine. The ideal plan of treatment would be to continue potassium iodide grs. 10 to 15 thrice a day before meal in half a glass of water for 20 days; then prescribe nitroglycerine tabloid thrice a day for 10 days in a month. Balfour asserts that arsenic is "indispensable in all forms of weak heart accompanied by pain." It is contra-indicated in cases of fatty degeneration of heart. Matthew Hay recommends nitrite of sodium and Hale recommends cactus in hypertrophy of the heart with enlargement, while digitalis in hypertrophy with dilatation.

If angina be associated with arterio-sclerosis, the following combination is indicated.

R.	Pot. Iodide	gr. ii
	Sodii Iodide	gr. ii
	Ferri Iodide	gr. $\frac{1}{2}$
	Strontium Iodide	gr. $\frac{1}{4}$
	Aq: Destil.	ad. \mathfrak{z} . i

Mft. for a dose: Sig: One twice a day.

If angina be not associated with arterio-sclerosis, the following is recommended:—

R.	Tinct. Aconite	m. ii
	Aq. Aurantii. Floris.	ad. \mathfrak{z} . i

Mft. for a dose: Sig: one twice a day with a tabloid of arsenious acid gr. 1/100.

Guthrie Rankin (*The clinical Journal* Nov. 6, 1907) prescribes :—

R.

Zinc. valerianate	gr. iii
Ichthyol	gr. iii
Arsenious acid	gr. 1/40
Ext. cannabis Indica	gr. 1

Mft. for a capsule : Sig : to be taken thrice a day.

Finally, the wise words of Sir. Douglas Powell may be quoted as a counsel of perfection :—

“He who would treat angina pectoris in its multiform degrees with all the success that can be looked for must take the cases in hand on broad lines in accordance with the well-defined principles of medicine, pursuing such lines into such details as may be appropriated to each case.”

Dietetic treatment.

The regulation of diet, in regard to both variety and quantity so that the circulation never be overloaded with food or waste material, is of the greatest importance. Prof. Osler rightly remarks that diet in many cases is the central point in treatment. Milk and its products are recommended by the writer.

Burney Yeo recommends a wine glass of cream mixed with the same quantity of hot water and a teaspoonful of spt. ammon. aromatic to be an excellent food on getting up in the morning. Sufficient quantity of pure water is to be consumed for eliminative as well as assimilative purposes.

Half boiled eggs, fresh vegetables, fishes and games are allowed, while all rich dishes, fermented drinks, tea, coffee, alcohol and tobacco smoking are forbidden.

Hygienic treatment.

Avoidance of mental and physical strain and the regulation of exercise in accordance with the capabilities of each individual case must be carefully observed. Gentle walking in the open air is the best form of exercise.

PERICARDITIS.

Pericarditis means inflammation of the pericardial sac ; *clinically* as well as *Anatomically* the disease may be considered under the following divisions :—

i Acute. $\left\{ \begin{array}{l} 1. \text{ Dry pericarditis.} \\ 2. \text{ Moist pericarditis } i.e. \text{ pericarditis} \\ \quad \text{with effusion.} \end{array} \right.$

II. Chronic adhesive pericarditis:

In the treatment of pericarditis the physician should bear in mind three points:—

1. The relief of pain and restlessness.
2. The calming of the heart's action.
3. The arrest or control of the inflammatory process.

Treatment of dry pericarditis :—

Internally :—

1. A concentrated dose of magnesium sulph at the very onset of the disease is generally prescribed. The great danger in cases of acute pericarditis is the failure of the action of heart, consequently antimony, aconite general venesection and other remedies which produce depression, are contra-indicated, though prof. Balfour recommended chloral with digitalis.

Internal stimulants *e.g.* ammonia, alcohol. Caffeine, strychnine and strophanthus, are recommended.

During the acute stage digitalis is contraindicated, because it causes too great a strain on the injured heart by increasing the blood pressure through contraction of the arteriols. (*A system of medicine by Osler and McCre p. 63.*)

2. Treat the cause of pericarditis *e.g.*

(a) . In rheumatism Sodium salicylas with alkalies is recommended.

N. B.—Salicylates have little controlling action over the effusion.

(b) In renal disease diuretics and hot air bath are good.

Diuretin is an excellent cardiac stimulant.

Dose 15 grs. three times a day.

Theocin is a better diuretic.

Dose 3 to 8 grs. thrice a day.

(c) In pyæmia, large doses of quinine in effervescent form is urgently required.

(d) If pericarditis develop in the course of a septic disease e.g. puerperal fever, pyæmia, ulcerative endocarditis, diphtheria etc. injection of antistreptococcus or antidiphtheretic serum may be advisable—Byrom Bramwell: *Clinical Studies* vol. I page 813.

Nature may safely be allowed to take her course, so far as the pericardial inflammation itself is concerned. Too active drug treatment may do more harm than good.

Locally :—

1. If the distress is great 4 or 5 leeches over the præcordium affords ready relief.
2. If there is cyanosis, orthopnoea and pulse irregular Prof Savil in *the system of clinical Medicine*, recommends bleeding (4 to 8 ozs); while Prof: B. Bramwell condemns venesection:
3. Blister. There is a difference of opinions regarding blisters among the authorities. Prof. B. Bramwell in the *clinical Studies* vol. I remarks: -

“To arrest the pericardial inflammation a blister, leeches or dry cups may be applied over the præcordial region,” but prof: Osler in the *principles and practice of Medicine* recommends:—

“Blisters are not indicated in the early stage.”

N. B.—In pericarditis arising in the course of Bright's disease, a “fly blister” should not be applied; but in septic cases (*Pyæmia, Septicæmia, diphtheria* etc.) the application of a blister is not likely to be attended with much benefit.

4. Dr: Lees remarks:—“Ice bag is of great value,”

The application of cold over the precordial area by means of compresses or ice bags has become increasingly general in recent years. It usually relieves pain and steadies the action of the heart. The effect of cold is probably to stimulate reflexly the vasomotor nerves of the pericardium, causing contraction of the vessels and lessening of the blood supply.

(*A system of Medicine by Osler and Mc. Crae Vol. iv page 62.*)

5. Poultices, fomentation or spongiopiline.

N. B.—It seems like a paradox that two diametrically opposite things as heat and cold should be employed for the same purpose. The action of heat and cold when applied directly to the blood vessels themselves, in the form of hot or cold water, is the same. They both produce contraction of the vessels but the contraction produced by heat is the more energetic and lasting.

6. Belladonna poroplaster:

"There is no harm in judiciously applying anodynes such as belladonna etc., over the precordial region; but I doubt whether they are really beneficial."—F. T. Roberts *Allbutt's system of Medicine Vol. v. page 774.*

Treatment of pericarditis with effusion:—

Promote the absorption of inflammatory products.

- (i) By local stimulation (*the application of blisters Iodide etc.*)
- (ii) By raising the tone of the general health *e. g.* quinine, iron, nux-vomica.
- (iii) By administration of remedies.
 - (a) Purgative.
 - (b) Diuretics.
 - (c) Other remedies which promote absorption *e. g.* Pot. Iodide, mercury.

(iv) By drawing off a small quantity of fluid by aspiration. Dr: West (*The Lancet of February 26, 1910*) asserts that paracentesis is rarely necessary, for serous effusions in the course of rheumatic fever usually disappear spontaneously, and often produce

no urgent symptoms. Even a large effusion disappears spontaneously, and recovery is complete, so that there are no signs even of adhesions of the pericardium.

N. B.—Prof: Gibson remarks:—"It is in rheumatic pericarditis effusion usually occurs" while Dr: J. Broadbent affirms:—"It is the exception rather than the rule to find effusion in cases of pericarditis of rheumatic origin."

Internally :—

Writer's favourite formula :—

Locally :—

R.

Pot. acetat	gr. xv
Pot. Iodide	gr. v
Inf. Digitalis	ʒ. i
Inf. Scoparia	ad. ʒ. i

Mft. for a dose : Sig. one every 4 hours with a tabloid of strychnine sulph gr. 1/60 if the pulse is weak.

Locally :—

1. Small blisters a little outside the pericardial region.
2. Lint. Iodine painting.
3. Inunction of Hydrarg oleatis.

Treat the patient symptomatically.

1. If pain be severe, opium in the shape of Dover's Powder or morphia hypodermically
2. If pulse be quick, weak irregular and dirotic, use digitalis and strophanthus :
3. Sleeplessness : prescribe sulphonal or trional :
4. Cardiac failure:

R.

Camphor	gr. ii
Oleum olivæ	m. xx

To be used hypodermically.

Hygienic treatment :—

Absolute rest in bed mentally and physically in a well ventilated room kept at an equal temperature, is indispensable.

Dietetic treatment.

If the effusion is increasing the amount of fluid which the patient is allowed to drink should be restricted.

Dry salt-free diet is recommended.

In rheumatic cases and in cases developed in the course of Bright's disease the diet should essentially consist of milk and milk food. In cases arising in the course of Pyæmia, Septicæmia, acute Crupous Pneumonia etc., soups and meat extracts may also be given.

ENDOCARDITIS.

Endocarditis means acute inflammation of the endocardium, the lining membrane of the heart. *Clinically* we divide the disease unto two divisions :—Simple or benign, and malignant. *Pathologically* there are two varieties of endocarditis :—Acute and chronic.

Acute endocarditis consists of a redness and roughness of the endocardium particularly over the valves which are constantly rubbing against each other ; "vegetation" gradually appears which may to some extent subside, but once formed never entirely disappears ; the resulting chronic thickening and puckering constitute **Chronic endocarditis**.

Classical symptoms are :—

1. High fever occurs at irregular intervals ; it comes with rigor ; repeated rigors are characteristic.
2. Petichial rashes are very common.
3. Sweating may be profuse.
4. Jaundice may be present in some cases.
5. No murmur present.

Prophylactic treatment :—

Acute endocarditis is frequently associated with acute rheumatism ; hence the rational prophylaxis is,

- (i) To wear flannel next to the skin to avoid draft.
- (ii) To avoid living in damp houses.
- (iii) To avoid as much as possible sudden changes of temperature which are apt to produce chill.

Medical treatment :—

Treatment is like that of pericarditis. The objects of the treatment are :—

1. To determine the cause of inflammation, and to administer appropriate serum (*e.g.* *antistreptococcus serum in septic endocarditis*, and *antidiphtheretic serum in diphtheria*) in malignant endocarditis.

N. B.—Cases of recovery have been reported by injection of anti-streptococcus serum in malignant endocarditis *Lancet Aug 20th 1898*.

Asperin or salicylates with alkalies in acute rheumatism is very good.

Sansom recommends sulpho-carbolates.

Savil remarks—“Aconite is of great value to slow and steady the heart.”

Kleber recommends Benzoate of soda.

Sir. Douglas Powell has tried nuclein.

2. To place the inflamed valve at rest and to remove all sources of mechanical irritation.
3. To promote absorption of the inflammatory products and thereby to prevent the formation of chronic inflammatory and sclerotic changes.

Natural process of healing and rest are it is needless to say, far more effective than medicine.

However there are two kinds of treatment :—

Internal and External :

Internally :—

R.

Pot. Iodide. gr. iv

Inf. Digitalis ʒ. i

Dec. Scopolia. ad. ʒ. i

Mft. for a dose. Sig: one thrice a day.

Locally :—

- (a) Dr. Caton recommends repeated small blisters over pericordial region.
- (b) Leeches are useful in which there is pain or precordial distress.
- (c) German physicians recommend ice bag.
- (d) The writer recommends Hydrarg oleatis 10 per cent. to be mixed equally with "fullol oil" and to be rubbed over cardiac area.

4. To relieve symptoms :—

- (a) Dyspnoea and cyanosis—oxygen inhalation.
- (b) Cardiac embarrassment—Digitalis and strychnine.
- (c) Pain—morphia :

Treatment of ulcerative endocarditis :—

Hypodermically :—

20c.c. of antistreptococcus serum are to be injected ; inject daily 10c.c. till temperature falls down to normal.

Internally :—

R.

Sodii sulpho carbolas gr. ii

Quinine carbolas gr. i

Syr: glucose. qs.

Mft. for a pill. Sig. one every 6 hours to be taken with half a drachm of syr. ferri perchloride (P. D. & Co).

Alcohol is allowed to a moderate extent. After a few days it is better to follow the advice of B. Bramwell: *i.e.*, a mixture containing digitalis squill and ammon carb.

Locally :—

Silver preparations are lauded to be very beneficial.

(a) Inunction of 20 per cent. protargol ointment to be rubbed daily—*Lancet April 26, 1902.*

(b) Crede's argenticum colloid (*collargol*) is used with favourable result both externally and internally.—*Med : Press. May 11, 1901.*

During Convalescence iron arsenic, quinine and nux-vomica are valuable remedies. The writer recommends the following prescription.

R.

Sodii arsenias	gr. 1/24
Ferratin	gr. ii
Quinine Carbolas	gr. i
Ext. Nucis-vomica	gr. 1
Syr. Glucose.	qs.

Mft. for a pill : Sig: one twice a day after meal.

Hygienic treatment :—

Rest in bed for some weeks atleast after convalescence is recommended.

We know that a debilitated heart is usually an irritable heart ; hence perfect rest is of paramount importance.

Dietetic treatment :—

Diet should be light, easily assimilated but nutritive.

MITRAL REGURGITATION.

By mitral insufficiency we mean a backward flow of a portion of blood from the left ventricle into the left auricle due to diseased condition of mitral valve.

The cardinal signs are :—

1. Systolic murmur at the apex which is conducted to the axilla.
2. Accentuation of the pulmonary second sound.
3. Enlargement of heart transversely due to hypertrophy of both ventricles.
4. Pulse :—
 - (a) During compensation—pulse is full, regular and often of low tension.
 - (b) During failure of compensation—pulse is irregular.

The disease is to be encountered from two points viz :—

- i. When compensation is well-balanced.
- ii. When compensation is disturbed or broken.

i. When compensation is well-balanced :

As a rule medical assistance is not called for. In long-standing cases :—

1. Fingers may be clubbed.
2. There is shortness of breath on exertion.
3. Attacks of bronchitis or hæmoptysis on account of the congested condition of the lungs.
4. Congested appearance of the face ; the lips have a bluish tint.

ii. When compensation is disturbed or broken :—

The typical symptoms are :—

1. Venous engorgement :—

- (a) Pulmonary venous stasis ; hence the result is cough often with bloody or watery expectoration.
- (b) Painless enlargement of liver due to portal congestion.
- (c) Gastric catarrh.
- (d) Dropsical effusion usually begins in the feet and extends gradually to the body and the serous sacs.
- (e) Urine is usually scanty and albuminous.

2. Palpitation.

3. Dyspnoea is a special feature.

4. Prof: Osler describes a distressing symptom called cardiac "Sleep-start" in which just as the patient falls asleep, he wakes gasping and feeling as if the heart was stopping.

Stage of compensation :—

Medical treatment at this period is not necessary and is often attended with danger. It is better to tell the patient frankly about his condition so that he may take preventive measures. The patient is the best physician of his own self.

The following prophylactic treatments are recommended :—

1. Avoid hurry at meals and worry of life.

Patient should live a quiet regulated ordinary life free from excitement.

2. Diet should be wholesome.

3. Tea, coffee, tobacco and other stimulants are not allowed.

4. Walking exercise is the best form of exercise.

5. Stop ascending hills.

6. Bathe daily with cold water to keep up the action of the skin,

Prof: Lauder Brunton in the treatise entitled *the action of medicine* page 355 recommends the following :—

1. Massage and rest.

2. Schott's treatment (Resistance exercise.)

This is the method of training by gradual exercise, not against definite resistance, but against weight viz by lifting the body, i.e. the patient walks up an incline which the first day is very, very gentle; next day steeper, next day steeper again and so on until he is able to walk without difficulty up pretty steep inclines.

3. Oertel's methods.

It is practically schott's treatment, but along with this Oertel generally combines the direction to abstain as far as possible from liquids and to take dry food.

It tends to prevent accumulation of flatus in the intestine and in the stomach—an accumulation which so hampers the action of the heart. According to Broadbent, an abstention from fluid diminishes the volume of blood in circulation, by restricting the amount of water consumed.

Other treatments :—

4. Nauheim saline bath treatment.

It is essentially a very strong solution of common salt with a great deal of carbonic acid gas.

Ordinarily the effervescence of the baths is made by putting bicarbonate of soda in the water, a handful of Tidman's sea salt or Rock salt, and a little hydrochloric acid.

Saline baths acts through nervous system, and restores relaxed tone of the circulation.

One of the cardinal principles of the Nauheim treatment is that the patient must not hold the breath or alter the respiration.

Seven minutes is quite suffice to remain in the bath; the patient is then rubbed *dry* with *warm* towels and should rest for a while after the bath,

Effects of bath :—

- (a) A feeling of tightness across the chest.
- (b) A sensation that gives place to a tingling feeling in the lungs.
- (c) A feeling of exhaustion.

5. An excellent account of **exercises** is published in Dr. T. D. Luke's work "*Manual of Natural Therapy*" the extract of which is given below :—

Schott-Nauhiem treatment.

Technique—The body should be held upright and joints kept straight. The resistance applied should be sufficient not to cause any shortness of breath or tremor in the patients limbs.

The resistance may be applied by the patient himself putting into action the opposing muscles to those which effect the movement, or by an attendant, commonly called "the operator." Each movement should be performed slowly and evenly, at a uniform rate, and not repeated twice in the same limb or group of muscles. The patient's breathing should not be accelerated, and any duskiness or pallor of the cheeks, yawning, dilatation of the alae nasi, or drawing in of the corners of the mouth, must be taken as a signal for the immediate suspension of the movements. In order to prevent the patient closing the glottis and holding his breath, he should be told to keep counting in a whisper.

The exercises.

1. The arms are to be raised slowly upwards from the side until they are on a level with the shoulder. After a pause they should be slowly lowered.
2. The body should be inclined sideways as much as possible towards the right, and then to the left.
3. One leg should be extended as far as possible sideways from the body, the patient steadying himself by holding on to a chair. The leg is then dropped back. The same movements are repeated by the other leg.

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4. The arms are raised in front of the body to a level with the shoulder, and then put down.
5. The hands are rested on the hips, and the body is bent forwards as far as possible, and then raised to the upright position.
6. One leg is raised with the knee straight, forwards as far as possible, then brought back. This movement is repeated with the other leg.
7. With the hands on the hips, the body is twisted round as far as possible to the right, and then again to the left.
8. With the hands resting on a chair, and the back stiff and straight, each leg is raised as far as possible backwards, first one and then the other.
9. The arms are extended and the fists supinated. The arms are then extended outwards, next inwards, at the height of the body.
10. Each knee is first raised as far as possible to the body and then the leg extended.
11. This movement is the same as No. 9, but with the fists pronated.
12. Each leg is bent backwards from the knee, and then straightened.
13. Each arm is bent and straightened from the elbow.
14. The arms are brought from the sides forwards and upwards, then downwards and back as far as they will go, the elbows and the hands being straight.
15. The arms are put at a level with the shoulder, and then bent from the elbows inwards and again extended.
16. With the arms in front at the level of the shoulder, and the hands stretched, the arms are opened out sideways and then brought together.
17. The arms are bent from the elbow outwards and extended.

The advantages are that the muscle cells of the cardio-vascular system, particularly, of the blood vessels are influenced and the tonicity of the blood vessels is corrected by the effect of the tone-manipulating action of the Schott-Nauheim movements.

Stage of broken compensation.

Prof: Osler recommends the following measures to be carried out :—

1. Absolute rest in bed ; a few doses of the compound tinc : Cardamon and a saline purge suffice, within a week or ten days to restore the compensation.
2. The relief of the embarrassed circulation by :—

(a) Venesection.

It may be practised in cases of venous engorgement with dilatation.

- #### (b) Depletion through the bowels *e.g.* mag. sulph in concentrated doses or sodii sulph and sodii phosph of each one drachm, to be taken daily in the morning on an empty stomach.

- #### (c) Use of remedies which stimulate the heart's action.
- The best drug is Digitalis. It acts upon the heart, slowing and at the same time increasing the force of the pulsations ; it acts on the peripheral arteries, raising their tension, so that a steady and equable flow of blood is maintained in the capillaries, which after all, is the prime aim and object of the circulation.

N. B.—Digitalis should not be given if there be signs of dilatation and the pulse be slow.

In the common triple combination characteristic of insufficiency,—dyspnœa, venous stasis, and dropsy—experience has fully borne out the ninth inference of Withering, “that digitalis has a power over the motion of the heart to a degree yet unobserved in any other medicine.”

(*A system of Medicine by Osler and Mc. Crae Vol. iv, page 266.*)

In mitral regurgitation when right cavities of heart are much dilated--Digitalis and other cardiac tonics are useless.

One or two leeches over the precordium, repeated every 3 days are of great value.

The result is that the nutrition of the whole heart suffers and the pulmonary congestion is farther increased.

“ So a vicious circle is established which, if not broken, quickly leads to a fatal issue.”--West : *Diseases of the organs of Respiration* (1909) Vol. i. page 238.

Reciprocal relation involving both the lungs and the other viscera is met with in the later stages of chronic valvular affections.

Gibson (*Text book of Medicine* Vol. ii. page 127.) describes them as follows :—

“ Sooner or later, according to its form and severity, chronic valvular disease with compensation, itself disposes to failure by establishing a vicious circle of slow progressive impairment of the viscera and their great vital functions—the lungs, liver, stomach, bowels, kidneys, indeed the myocardium itself”.

Mitchell Bruce : (*Principles of treatment* page 133) remarks :—

“ As soon as the pulmonary congestion due to mitral or aortic disease, begins to hinder oxygenation, mischief follows. The imperfectly oxygenated blood impairs the contractility of the heart and renders it even less competent than before to carry on the circulation. The accommodating beneficent action has been replaced by a reciprocal injurious condition. The vicarious assistance has ended in a vicious circle.”

In mitral regurgitation with paranchymatous nephritis—Sponge the skin with hot water made alkaline with sodii carbonate, the patient being afterwards wrapped in a hot blanket.

In mitral insufficiency with chorea

Nervine sedative and nutritive diet are best.

In mitral regurgitation with chronic Bright's disease—
Iodides is the most efficacious remedy ; if this seems to be inefficacious trinitrine may be allowed.

In mitral regurgitation with anæmia—

The carbonic acid and saline baths are strongly recommended in addition to the internal administration of ferruginous water.

In mitral regurgitation with Grave's disease and allied affections due to the disturbance of the nerve-mechanism of the heart.—Weak continuous electric current is highly spoken off.

Other cardiac tonics *e.g.*, *strophanthus*, *cactus grandiflora*, *convallaria mag*, *adonis vernalis* and *apocyanum* are recommended. *Cactus grandiflora* is used in mitral regurgitation but not in mitral stenosis.

Adonis vernalis is used in the form of *Inf. adonis vernalis*, dose being one to two drachms : it is used in cases of heart disease (mitral regurgitation and stenosis) accompanied with marked venous engorgement, when it is desirable to regulate the work and produce prolonged diuresis.

Apocyanum is used in the shape of *ext. apocyanum liq.* dose being five to ten drops in cardiac dropsy.

N. B.—Physician should not confuse cardiac stimulant with cardiac tonic : one gives a whip while the other gives tone to the organ. *Ammonia ether* and *alcohol* are stimulants while *strychnine*, *arsenic*, *quinine*, *fresh air* etc. are cardiac tonics.

Treat the patient symptomatically :

1. Dropsy.

Hydragogue cathartic with *Inf. Digitalis* and flannel bandage on œdematous legs are recommended. *Diuretin gr. xv* in catchet twice a day is efficacious.

The following well-known combinations are worthy of a trial :—

(a) R.

Pulv. Squill

— *Digitalis*

Caffinæ citras

aa gr. xxx

Hydrarg. Subchloride

gr. v

Divide it into 30 pulvs : Sig. one thrice a day.

(b) R.

Pulv: Scillae

— Digitalis

Pil: Hydrarg

aa gr. xii

Divide it into 20 pills: Sig one three times a day.

2. Dyspnoea.—

Morphia is invaluable.

In dyspnoea with dropsy nitroglycerine is of great value; inhalation of oxygen is recommended.

3. Palpitation and other cardiac distress with dilatation.

Iodides and nitroglycerine are to be used alternately.

The writer recommends the following nitroglycerine mixture.

R.

Liq: Trinitrine

m. i

Tinc: Nucis Vomica

m. v

Tinc: Cardamon Co.

m. xx

Inf: Digitalis

ʒ. i

Aq: Chloroformi

ad. ʒ. i

Mft. for a dose: Sig. one every six hours.

4. Gastric Symptoms:—(a) *Vomiting*:—Small bits of ice to suck.

Milk and limewater.

Milk and Sodii Citras.

Caffinæ citras effervescence and Cærium oxalus effervescence together.

(b) *Dyspepsia etc.*—Taka diastas and papain.**5. When Compensation fails.**(a) *Dropsy with œdema of lungs.*

Writer's favourite formula:—

R.

Sodii Benzoas

gr. x

— Phosph

ʒ. i

Caffinæ Citras

gr. ii

Inf: Digitalis

ʒ. i

Liq: Euonymin et pepsin Co.

ʒ. i

Dec: Scoparia

ad. ʒ. i

Mft. for a dose: Sig. one thrice a day.

b) *Dropsy with œdema of lungs, enlarged liver, gastric disturbance etc.*

The writer recommends the following :—

R.		
Pot. Iodide		gr. ii
Ammon Chloride		gr. x
Mag. Sulph		ʒ. i
Inf. Digitalis		ʒ. i
Liq. Iridin et papain Co.		ʒ. i
Inf. Senega	ad.	ʒ. i

Mft. for a dose : Sig. one thrice a day.

6. Hæmoptysis :

The patient is invariably better after an attack, as it relieves venous congestion ; it is rarely fatal.

7. Sleeplessness.

A dose of Spt. Chloroform and Spt. Camphor in little hot whisky is recommended by Dr. Sansom. Morphia. Sulphonal, Chloralamid and Bromural are excellent hypnotics.

8. Arterio-sclerosis with dilated heart.

The writer recommends the following :—

(a) R.		
Ferri Iodide		gr. ʒ
Arsenic Iodide		gr. 1/24
Ext. Strophanthus		gr. ʒ
Ext. Nucis vomica		gr. ʒ

Mft. for a pill. Sig : one thrice a day.

(b) R.		
Sodii Iodide		gr. v
Liq : Sodii arsenias		m. iii
Spt. ammon aromatic		m. xv
Tinc : Convalaria mag.		m. v
Aq : Chloroformi	ad.	ʒ. i

Mft. for a dose : Sig : one thrice a day after meal.

9. Renal symptoms.

A brisk purge at the onset followed by digitalis or strophanthus :

10. Precordial Pain.—Poultice.

Dietetic Treatment :—

Starchy food and all articles likely to cause flatulency are forbidden : stimulants *e.g.* whisky or brandy is usually unnecessary. The amount of fluid should be restricted. Milk, eggs, fowl and fishes are allowed,

MITRAL STENOSIS.

Narrowing of the mitral orifice is usually the result of valvular endocarditis; it occurs in the earlier years of life. There are two varieties of stenosis viz :—

- (1) Corrigan's button hole contraction.
- (2) Funnel-shaped.

For clinical purposes we divide the disease into two stages :—

- i. When compensation is well balanced.
- ii. When compensation fails.

i. When Compensation is well balanced.

1. Epistaxis may follow.
2. Irregular attack of dyspnœa is very frequent.

ii. When Compensation fails.

1. Presystolic *bruit* may be inaudible.
2. Inaudibility of second sound at apex.
3. Rapid and irregular action of the heart.
4. Venous stasis (*Vide the symptoms of mitral insufficiency*).
5. In mitral stenosis dropsy appears later while in mitral regurgitation it appears early.

N. B.—In mitral stenosis a faint or absent second sound is a grave sign.

The classical symptoms are :—

1. Pulse :—

When compensation is well-balanced—it is slow but regular.

When compensation is disturbed—it becomes very irregular.

2. Pulsation of jugular vein.
3. Epigastric pulsation.
4. A visible thrill.
5. Localised pre-systolic *bruit*; it ends with a peculiar sudden snap.

First sound at apex is accentuated.

6. Reduplicated second sound at the apex called "Post man's knock."
7. Accentuation of second pulmonary sound.

Medical treatment of Mitral Stenosis :—

Sir B. Richardson prescribes ammonia with the object of.

- (i) Increasing fluidity of blood.
- (2) Dissolving coagula already formed.
- (3) Stimulating the nervous mechanism of heart and lungs.
- (4) Increasing the bronchial secretion hence it is used in embolism of pulmonary artery.

The author recommends the following prescription :—

R.

Liq: ammon fort	m. i—v
Ext: Glycyrrhizæ liq.	m. x
Aq:	ad ʒ. i

Mft. for a dose: Sig. every hour till symptoms are relieved.

Sir Willium Broadbent recommends :—

1. Mercurial purge.
2. Rest.
3. Strychnine, iron, nitro-glycerine or nitrite, quinine and stimulants.

N. B.—Digitalis should not be given unless there are symptoms of right ventricle failure, and not then until after free purgation.

On no account should it be given for a long period.

Mitral stenosis associated with nervous disorders *e.g.* hemiplegia especially of the right side, hemichorea etc. due to infarctions of the branches of the intracranial arteries, absolute rest and ammonia treatment are best.

Mitral stenosis with disorders of nutrition :—

The normal arterial blood supply has been gradually diminished by the contraction of the mitral orifice, and has continued to be in minimum quantity during the periods of development and growth.

Sir Samuel Wilks has rightly remarked :—

“The organism is working with a diminished amount of blood.”

Friction, massage, muscular movement, baths, suitable climates and regulation of diet are but means to an end.

Mitral stenosis with arterial sclerosis :—

The following combination acts admirably well.

R.

Pot : Iodide	gr. ii
Liq : Arsenicalis	m. ii
Tinc : Actæ Racemosa	m. v
Aq : Chloroformi	ad ʒ. i

Mft. for a dose : Sig · one thrice a day.

Mitral stenosis associated with chronic renal disease and arterio-sclerosis :—

Milk 3-6 pints a day; may add isingglass, gelatin, light biscuits and Sodii citras.

Sir W. Broadbent remarks :—

“Nitroglycerine and other vaso-dilators may be given in conjunction with general tonics such as iron quinine and nux vomica.”

When compensation is re-established :—

Iron arsenic strychnine and Codliver oil are recommended.

Dietetic treatment :—

To this effect Sir. Andrew Clerk remarks :—

1. Diet should be dry.
 2. Daily dietary fluid to be restricted.
 3. No Alcohol.
-

AORTIC REGURGITATION.

By aortic regurgitation we mean that in diastole some of the blood driven into the aorta returns to the left ventricle.

The classical signs and symptoms are :—

1. Apex beat on the anterior axillary line, the impulse is usually strong and heaving.
2. A diastolic murmur in the second right interspace (*aortic area*) which is propagated towards the ensiform cartilage.
3. A systolic murmur at the aortic region which is propagated upward into the neck. It is produced by roughening of the segments or of intima of the arch and is not due to stenosis as is commonly supposed.
4. A presystolic murmur at the apex called Flint murmur.
5. Visible pulsation of peripheral vessels *e.g.* temporal arteries etc.
6. Capillary pulsation best seen in the finger-nails or by drawing a line upon the forehead, when the margin of hyperæmia on either side alternately blushes and pales.
7. Water-hammer or corrigan pulse i.e. pulse wave strikes the finger forcibly with the quick jerking impulse and immediately recedes or collapses.
8. Duroziez's sign i.e. pressure of stethoscope on femoral artery elicits a double murmur.

N.B.—Loudness of murmur is no indication of the severity of lesion, the reverse is the case. If a murmur previously loud falls in intensity it is a bad omen.

The main causes are :—

1. Infectious disease *e.g.* rheumatism, syphilis.
2. Mechanical strain.

- (a) Sudden muscular stress especially in cases of arterial degeneration. It may be acute or chronic.
- (b) External violence *e.g.* a blow or kick over the cardiac area; a small deposit of fibrine begins to form on the raw edge.
- (c) Emotion may accelerate the work of cardiac machinery; blood pressure may perhaps be dangerously raised.
- (d) Nervous shock.

Prof: T. Clifford Allbutt on the other hand remarks:—

“Nervous shock tends to lower the blood pressure.”

3. Atheroma.

Dr. Parkes Weber finds that syphilis is apt to be the starting-point of atheroma.

To quote Dr. Balfour “There is a consensus of opinion that the arterial system is that upon which the finger of decay is first laid.”

Atheroma as a general disease of the arterial tree is not due, in the main, to muscular stress, but local atheroma very often has this origin.

N.B.—Acquired aortic disease in children is one of the rarest of clinical cases.

For clinical purposes we divide it under two groups:—

- 1. When compensation is well balanced.
- 2. When compensation fails.

1. When compensation is well balanced.

Headache, dizziness, flashes of light, and a feeling of faintness on rising quickly are the early symptoms. Pain is a marked and troublesome feature; attacks of angina pectoris are more frequent in this than in any other valvular disease.

2. When compensation fails.

- 1. Shortness of breath, dyspnoea.

2. General dropsy is not common; œdema of feet is due to anæmia, venous stasis etc.
3. Cough due to congestion of lungs.
4. Hæmoptysis is less frequent than in mitral disease.
5. Irregular fever due to recurring endocarditis.
6. Pain over enlarged spleen due to embolism.
7. Sudden death is frequent.

The treatment of aortic insufficiency falls into the natural divisions viz :—

1. Dietetic.
2. Exercise.
3. Medicinal.

1. Dietetic treatment :—

The physician has to bear in mind 3 points viz :—

- (a) To the sympathy between the heart and the stomach.
- (b) To good nutrition of the heart.
- (c) To moderation of its work.

Avoid such diets which promote arterial resistance.

Avoid such diet which creates indigestion *e.g.* too much carbohydrates.

Avoid such diet which favours goutiness *e.g.* much meat etc.

Avoid alcohol as an ordinary article of diet but it may be used as medicine; hence mixed diet would be the standard diet, but the patient would stamp in his mind two cardinal points viz :—

- i. Restriction of liquids during meals.
- ii. Thorough mastication of food whether it be soft or hard.

We must trim our treatment according to the phases and peculiarities of the individual.

Fraentzel well says that to know that one has heart disease may be more mischievous than the disease itself. Let the patient understand that he has a weak heart, that he must rigidly observe the ordinary rules of life, and not to fash himself.

2. Exercise : -

Gentle walking is best. So long as he lives. let him live, so far as may be, the life of a good citizen. The physician who inspires moral health into his patient brings comfort also to his body.

3. Medicinal treatment :—

There are two stages of treatment :—

- i. When compensation fails.
- ii. When compensation is well balanced.

i. When compensation fails:

T. Clifford Allbutt recommends gentle mercurials, gentle salines and a little Pot Iodide which reduces blood pressure.

N.B.—Digitalis is of little use in this disease. Corrigan condemned the use of Digitalis in aortic insufficiency while Balfour was in favour of its use.

Prof: Clifford in *Allbutt's system of Medecine Vol. v. Page 962* remarks :—

“No one would give digitalis when a big heart is thundering along its course and the arteries bounding under its pulses” but if the left ventricle be relatively too capacious, and the apex beat becomes diffused, put the patient to rest with his feet up, so as to diminish blood-pressure; and put him on tender meats avoiding much carbohydrates and much liquid. Gentle deobstruents will probably be required also. Now if under these means the signs and symptoms of dilatation continue, administer one dose of digitalis. Never give digitalis if the pulse be at or below 75.

Sir. Willium Broadbent recommends ammonia ether, belladonna and nucis vomica.

When there is venous obstruction, jugular vein distended and

pulsating, liver enlarged and dropsy present the author recommends first purgation, subsequently digitalis.

Writer's method of treatment :—

Early in the morning take a dose of apenta water. A glass of warm water half an hour before meal is recommended, the object being to wash away the contents of stomach and to promote hunger ; it serves also the purpose of internal fomentation and thus checks flatulency.

Iodides to be given well diluted with water or milk after meal.

When compensation is well balanced.

- i. He may take moderate exercise.
- ii. He may live a more bracing moral life.

Strophanthus is useful in young than in old people ; Iodides are excellent vaso-dilators ; Arsenic and strychnine are useful tonics when potent drugs fail or are inadmissible. Caffeine stimulates the heart when it flags and it produces diuresis.

Leonard Hill says "Morphia is one of the best vaso-constrictors and cardiac tonics we possess."

It is best given hypo-dermically.

Treat the patient symptomatically : —

1. Anginal pain.—Use amyl nitras, nitro glycerine.
 2. Sleeplessness.—Use chloralamid, sulphonal, trional.
 3. Restlessness.—Use ammon bromide, avoid all salts of Potass.
 4. Cough. is relieved by hot drinks, codeia.
-

DISEASES OF ARTERIES :—

- 1. ARTERIO-SCLEROSIS.**
 - 2. ANEURISM.**
-

ARTERIO SCLEROSIS.

The term arterio-sclerosis means thickening and hardening of the arterial coats, which lead to loss of elasticity and contractility of the arteries.

Prof. Huchard rightly remarks :—

“ Arterio-sclerosis is in many instances the ultimate consequence of chronic alimentary intoxication which can be remedied in part by a meatless diet, and in part by the administration of soured milk, which inhibits irregular fermentation.”

Tell your patient frankly that the arterial tree is ossifying slowly, that the time has come when the human engine can not work at high speed and pressure and that the price of comfort and life can only be purchased by obedience to medical supervision and by careful conscientious living.

Once degeneration, fibrosis and calcification have taken place, the damage is irreparable, and as “ all the king’s horses and all the king’s men could not put Humpty Dumpty up ” after his fall, so all treatments cannot restore the normal structure of the arteries.

There are three forms of arterial degeneration viz :—

- (i) Atheroma.
- (ii) Arterio-sclerosis proper.
- (iii) Amyloid or lardaceous change.

Prof. Thoma divides the cases into *primary arterio-sclerosis* in which there are local changes in the arteries leading to dilatation and compensatory increase of the connective tissue of the intima; and *secondary arterio-sclerosis* due to changes in the arteries which follow increased resistance in the capillary circulation.

According to Prof. Thoma, the first step in the process is the diminution in the contractility of the muscular coat of the arteries as a result of long continued exertion, or of direct action on it of some of the toxic substances.

The affected arteries become dilated and to compensate for this, the inner coat becomes thickened. In consequence of the new formation of the fibrous tissue, the arteries become more rigid and offer great resistance to the blood stream and thus cause rise of blood pressure. Hence the **main indications for treatment are :—**

- I. To lower arterial tension by purgatives, diuretics and diaphoretics.
 - II. To avoid any extra strain being thrown upon the heart or vessels.
 - III. To prescribe arterial sedatives.
1. The following purgative is recommended :—

R.

Mag: Sulph.	ʒ. iss
Sodii Sulph.	ʒ. iss
Aq. Rosacæ	ʒ. ii
Aq. Chloroformi,	ad. ʒ. i

Mft. for a dose. Sig. Early in the morning on an empty stomach.

Scheffer in *La clinic March 1909* recommends sodii silicate in arterio-sclerosis, it reduces blood pressure and lessens cerebral symptoms. 'Bangsalochan' is composed of silicate According to Scheffer the disease is caused by a disturbance of mineral metabolism.

Barley water and milk are the best diuretics. Vapour bath is the best diaphoretic.

ii. Avoid meat, over-eating, alcoholic drinks, over-work, mental strain, etc. To run to catch a tram or a train should be carefully avoided.

iii. Iodides are the best arterial sedatives.

Iodides render the blood more fluid, act favourably upon nervous systems, lower blood pressure, and allow nature to do its work. Iodides should be given for long periods interrupted every few weeks, always after meals, well diluted, best in combination with bicarbonate of soda or potash.

When the blood pressure is high the use of vaso-dilators nitro-glycerine, sodii-nitris are indicated :

When arterial spasm is associated with sclerosis.

Dr. G. A. Gibson, recommends

R.

Sodii Nitris	gr. xii
Sodii Iodide	ʒ. ii
Aq. Menth pip.	ad. ʒ. vi

Dose.—A dessertspoonful in water three times a day after meals.

In some cases combinations of iodides and arsenic are beneficial.

R.

Sodii Iodide	
Liq. Sodii Arseniatis	aa ʒ. ii
Aq.	ad. ʒ. ii

Dose—A teaspoonful in water three times a day after meals.

In persistent high blood pressure with arterial degeneration.

Dr. Lauder Brunton recommends :—

R.

Pot. Bicarb.	gr. xxviii
— Nitrate	gr. xviii
Sodii Nitris	gr. ivss

Mft, dissolve in a tumblerful of warm water and sip early in the morning,

Gastric symptoms of arterio-sclerosis are :—

Indigestion, pain in the stomach, distension, and belching. The patient emphasises particularly the importance of examining the vascular system thoroughly.

Dr. Akin (*Jour Amer. Med. Association June 5*) recommends the following :—

1. Diuretin : 10-15 grs. thrice a day.
3. Nitrite.
3. Nitroglycerine.
4. Tinc: strophanthus mv-viii, three times a day.
5. Pot or sodium Iodide gr. v. to x.

Antisclerosin is lauded to be highly beneficial. Dose 2 tablets thrice a day after meal. **Iodipin tablets** (*Merck*). Dose two tablets three times daily. **Milk fermented** either by fermentlactyl or lactone tablet is very good. **For atheroma** the best decalcifying agents are lemon, citric acid, ammonium citrate, potassium citrate, sodium citrate, and strontium lactate.

Calcium salts are said to be eliminated by sodii bicarb 5 iiss neutralised by lactic acid: add 6 ozs, of water to it. The whole quantity to be taken within 24 hours.

Dr. Marc-Frenkel advocates the presence of an excess of uric acid in the blood as one of the chief factors of arterio-sclerosis. The rational treatment consequently consists in disintoxicating the patient by the use of dissolvents of uric acid. Urodonal is a most powerful dissolvent of the acid, the dose being a teaspoonful in little water four times a day between meals for 10 days every month.

Avoid meat, highly seasoned dishes, cheese, fish, strong wines, kidney, beans, sweet bread etc.

Von Paul Schenk (*Deutsche Med. Zeitung 1910, No. 4*) remarks that abuse of tobacco is the cause of arterio-sclerosis.

Drinking of alcohol is one of the potent causes of this disease.

Hygienic treatment :—

- (a) **Hydrotherapy** in arterio-sclerosis has its chief action on the regulation of the circulation ; rightly used it may under certain conditions check the progress of the disease and break the vicious circle in which the arterio-sclerotic patient finds himself. After the primary rise of pressure which has been observed by many workers to follow thermic irritation either with hot or cold water, there is a general reaction in which the state of hypertonus is replaced by widening of the vessels and there is an increase of the blood flow to the capillaries ; after further oscillations the condition of the circulation steadies itself, though it may not come back to its original condition, and it is this alteration of condition, which may perhaps be cumulative if the treatment is often repeated, which is to be looked upon as the therapeutic effect of the treatment. In arteriosclerotic vessels the "reaction" power is not normal, and yet it is only very seldom that the changes in the vessels are so advanced and so widespread that no part of it is capable of reaction.

Hirschfeld remarks :—

"The skin becomes more vascular, relieving the internal organs, lifting the load of the heart, relieving insomnia, increasing metabolism and oxidation, and eliminating waste materials".

The use of cold as a thermic irritant is contra-indicated :—

1. In advanced sclerosis of the splanchnic vessels.
2. Insufficiency of the heart muscle.

N. B.—Worry of daily life often causes a much more rise of blood pressure than does the use of cold.

Hot baths should not be given to sclerotics at a higher temperature than 37° to 38° C., but hot air or light baths are free from

danger and of advantage. The duration of bath ranges from 10 to 15 minutes.

The use of heat is contraindicated :—

1. Interstitial nephritis.
2. Sclerosis of the vessels of the brain.
3. Advanced insufficiency of the myocardium.

N. B.— Co_2 bath is recommended by Strasser.

- (b) **Massage is useful**, and it is an erroneous idea that massage of muscles or abdominal massage strongly and lastingly heightens the blood pressure.

Massage and vibration have the distinct advantage of dilating the peripheral blood vessels, lowering blood-pressure, favouring tissue metamorphosis, destruction of toxins and renal elimination.

It should be applied especially to the spinal region, for 2" or 3" inches on either side of the spinal column, and should be heavy enough to convey deep percussion to the tissues below.

Abdominal kneading decidedly reduces blood pressure.

- (c) **Light bath** :—relaxes the peripheral capillaries, promotes perspiration and in this way force elimination from all the emunctories by lowering blood pressure, lifting the load from the heart and kidney, displacing the blood from the interior to the skin surface.
- (d) **Climate** :—A dry inland climate of moderate elevation, that is bright, sunny and genial in winter, is decidedly the best.
- (e) **Exercise** :—Walking and moderate exercise to the point of fatigue in the fresh air is best.
- (f) **Electricity** :—Galvanic, faradic and sinusoidal currents possess no value in this disease. High frequency current of auto-condensation and auto-conduction

and the static wave-current are recommended by Pope in the *Monthly cyclopædia and medical Bulletin*.

(g) **Mental and nervous excitement** :—Especially emotional disturbances, react on the heart and blood-vessels causing vascular tension, and for that reason strong repeated emotions may increase the lesions.

(h) **Dress warmly** :—At all seasons of the year, for a warm skin means that there is more blood in it than when cold.

Dietetic treatment :—

Diet is most important. The keynote is to maintain general nutrition.

“Cut out” at once, all alcohol, tobacco, coffee and probably tea. Reduce meats to a minimum, and where these are allowed, give preference to eggs, fish and fowl. Never eat until hungry, then eat a small meal slowly, masticating carefully, consuming no fluid thus preventing, as much as possible, hyperæmia of the splanchnic vessels with increased action of the heart, obesity etc.

The writer recommends the following :—

1. Purin free diet (*vide my article on Gout*) milk, fresh and stewed fruits, practically all vegetables, cereals, a moderate amount of fats and breads both stale and dry are recommended.
2. Limiting the amount of water.
3. Fermented milk is an excellent preventive of arterio-sclerosis.

American writers attempt to dissolve the lime salts with lactic acid preparations.

ANEURISM.

A circumscribed or diffuse semi-solid tumor formed in connection with an artery in any part of the body either by more or less uniform localised dilatation of any or all of the coats without a break in the continuity in the walls or in connection with a minute rupture of the thinned walls of the sac formed by the stretched coats of the artery.

Varieties of Aneurism:—

1. A general dilatation involving the whole circumference of the vessel and it may be cylindrical, fusiform or globular.
2. Sacculated aneurism: This is the most important variety, there is a lateral bulging of a part of the circumference of an artery.

It is subdivided into :—

- (a) True aneurism (when the arterial coats are entire).
 - (b) False „ (when more or less of inner and middle coats are destroyed.)
 - (c) Diffuse „ (when all the coats have given way and the sac is formed by the other tissue.
3. Dissecting aneurism—blood finds its way between the coats of an artery.

Rare forms.

4. Embolic—sharp cornered segment from valves cuts through the wall of small vessels partially causing the disease.
5. Mycotic—Confined to malignant endocarditis. Bacteria set up suppurative inflammation.
6. Parasitic.

N. B.—The part of Aortic arch which is most commonly affected is the ascending portion especially on its convex sides on which most strains fall,

Treatment of aneurism :—

The treatment is purely palliative. Men with aneurism of the aorta according to the version of late Hilton Fagge generally "die in harness."

The physician should bear in mind.

1. To promote clotting and consolidation within the sac.
2. To avoid strain both physical and mental *e.g.* bowels should be kept regular and mental quiet should be enjoined.
3. To be on low diet as it diminishes the blood-volume, renders blood more fibrinous and thus favours coagulation.
4. To enjoy perfect rest. The reduction of daily number of heart beats when the patient is recumbent is the principal advantage.

Prof: Balfour recommends Iodide of potassium ten to fifteen grains three times a day.

It increases the secretions and so inspissates the blood; it lowers blood-pressure and thus causes thickening and contraction of the sac; besides it relieves pain.

Other measures to induce coagulation.

1. Electricity.
2. Insertion of horse-hair, needles or thin silver wire.

Fine silver wire pushed through a hypodermic needle, is probably the most satisfactory method, and may be combined with electrolysis, known as Loreta's method.

3. Injection of perchloride of iron into the sac.
 4. Injection of gelatin solution has been recommended by recent physicians.
 5. 500c.c of 1 per cent sol. of gelatin to be injected into the thigh.
-

DISEASES OF THE BLOOD...

ANÆMIA.

Anæmia may be defined as a reduction in the amount of the blood as a whole or of its corpuscles, or of certain of its more important constituents such as albumen and hæmoglobin.

Anæmia may be grouped as :—

- i. *Secondary.*
- ii. *Primary or "idiopathic"*

In the former anæmia has developed with some apparent cause, while in the latter it has developed without any apparent cause.

i. Secondary anæmia :—

It is classified under four divisions :—

1. Anæmia from hæmorrhage either traumatic or spontaneous.
2. Anæmia is produced by long continued drain on the albuminous materials of the blood as in chronic suppuration, bright's disease, cancer etc.

3. Anæmia from inanition :—

This is brought about by defective food supply.

4. Toxic anæmia is induced by the action of certain poisons on the blood *e.g.*, lead, mercury, arsenic, syphilis, malaria, etc. Anæmia of pyrexia is due to a toxic action.

ii. Primary anæmia :—

There are two divisions viz :—

1. **Chlorosis.**
2. **Pernicious anaemia.**

Chlorosis is an idiopathic anæmia characterised by the diminution of red blood corpuscles, a marked relative diminution of hæmoglobin, and a slight increase of leucocytosis.

Pernicious anæmia suggests the well-known blood picture characterised by the diminution of red blood cells with the retention of a relative high hæmoglobin content, the appearance of unripe erythrocytes, such as megaloblasts, and megalocytes, normoblasts and normocytes in the circulating blood, and finally a diminution in the number of leucocytes.

The classical symptoms of chlorosis and pernicious anæmia are best compared by a diagram.

Symptoms.	Chlorosis.	Pernicious anæmia.
Age and Sex.	Young female.	Middle aged man.
Colour and skin.	Pale, greenish tint.	Lemon-yellow or primrose colour.
Colour of conjunctivæ.	Anæmic, but of slightly bluish tint.	Anæmic, but of a distinctly yellow tint.
Pigmentation of skin.	Does not occur.	Skin deeply pigmented like Addison's disease.
Nails.	Thin, flat, brittle and cracked.	Not so.
Colour of urine.	Pale.	Dark-coloured.
Condition of tongue.	Pale, large, flabby, indented with teeth, and often furred.	Clean, unduly smooth and denuded of its epithelium.
Condition of bowels.	Constipation.	Vomiting and diarrhœa.
State of nutrition.	Body is well covered with fat.	Body is well covered with fat.
Hæmorrhages.	No epistaxis, and vomiting of blood.	Epistaxis, bleeding from the gums, petechial hæmorrhages.
Fever.	Absent.	Present
Heart, venous hum.	Heart muscle is profoundly fatty.	Heart muscle is profoundly fatty.
"Colour-index"	Much below normal.	Considerably above the normal.

$$\frac{\text{Percentage of hæmoglobin}}{\text{Percentage of red cells}} = \text{"colour index,"}$$

Treatment of chlorosis :—

Chlorosis is a special form of anæmia characterised by, marked reduction in the proportion of hæmoglobin. Inasmuch as it is almost peculiar to young women in the years following the onset of menstruation, it is held by some observers to have a sexual origin; but it is hardly necessary to invoke this, seeing that hard work, insufficient fresh air, and inadequate nourishment, when associated with constipation and gastro-intestinal fermentation, suffice to explain its occurrence. This etiology is not impugned by the fact that chlorosis is met with in all classes of society, because in the higher classes the nourishment, though abundant, may be unsuitable late hours entail fatigue, and want of ventilation is not peculiar to the dwellings of the poor. These factors alone may not suffice to determine the physical deterioration characteristic of chlorosis, and the prime factor seems to be a state of chronic toxæmia, or copræmia, consequent upon fæcal stasis and the absorption of toxins from the alimentary origin. No doubt there is also an inherited tendency that gives the special pathological stamp, for the tendency to chlorosis is markedly hereditary. Possibly this may be due to a lack of stability of the hæmoglobin compounds.

In discussing the treatment of chlorosis, it is necessary to bear the etiological factors in mind, because diet and medication are apt to prove useless unless the causative factors are remedied.

Physician should bear in mind :—

1. That iron must be supplied to the blood, on account of the deficiency of hæmoglobin.
2. That until this is effected, it is important that heart which has undergone fatty degeneration, should be protected, so far as possible from strain.

1. Action of iron on the treatment of anaemia :—

Hæmoglobin is, according to Liebig is a crystallizable albumen combination and is an important constituent of the blood.

Hæmoglobin { albuminous body
 Hæmatin (ferruginous body) which takes up oxygen
 and transfer it to the tissue.

Arterial blood is saturated with 9/10ths of **Oxygen** according to Pfliiger, and with 14/15ths of **Oxygen** according to Hufner; Venous blood contains 8 to 15 vol. per cent. less. Thus the name of **Oxy-Haemoglobin** for **Haemoglobin** which is saturated with **Oxygen** and **Reduced Haemoglobin** for such as has transferred the **Oxygen**.

According to Landois, the strength of the **Oxygen** in the blood is in proportion to the strength of the iron. The strength of iron in the blood (0.55 in 100 parts) is in direct proportion to the strength of **Haemoglobin** which again is in proportion to the strength of **Erythrocytes** on which depends the specific weight of the blood. Further, it was proved that the absorption of **Oxygen** is in direct proportion with the strength of iron in the blood. According to Hoppe-Seyler, one atom of iron in the blood can fix two atoms of **Oxygen**. How and whence the **Haemoglobin** is formed in the animal body is not yet established with certainty. Experience teaches that ferruginous alimentary substances and iron preparations have the property of furthering the formation of **Haemoglobin**.

Muller and Hoffmann have proved that the iron is absorbed by the digestive tract, and utilised in the organism, influencing advantageously the functions of the red blood-forming organs.

Ortner writes on iron combinations, especially on Pil. Bland, in his "*Therapy of Internal Diseases*." "It is possible that their well-known good effects depend upon their containing soda, an important constituent of the red blood corpuscles; and on the other hand, upon their containing Sulphuric Acid, which is able to convert aromatic bodies arising through abnormal intestinal fermentation in Chlorotics into less injurious sulphates or the good effect of the pills may be furthered by the formation of Carbonate of Iron in *statu nascendi*. (Carbonate of Iron in a nascent condition.)"

The Bi-Palatinoids (*oppen. heimer Son & Co.*) are small hermetically-closed, soluble capsules of glycerine and gelatine, divided in two by a partition of the same material. When the capsule is dissolved in the stomach, the substances enclosed in these divisions act chemically on each other in a nascent state. One half contains

Ferrous Sulphate, the other half, Sodium Carbonate. When the capsule is dissolved in the stomach the white Ferrum Carbonicum Oxydulatum is formed and absorbed.

The writer recommends some of the organic preparations of Iron viz :—

1. Homell's hæmatogen.
2. Vin de hæmoglobin.
3. Iron-somatose.
4. Ferratin.
5. Ovo-ferrum.
6. Hæmogallol tablets. (*Merck*).
7. Orrefin Bi-palatinoid: (*Oppenheimer*).
8. Algiron tablets.
9. Herbanin.
10. Pepto-fer (*Jaillet*).

Hæmoglobin is the great oxygen-carrier; when hæmoglobin is deficient, there is a deficient supply of oxygen to the tissues; when a tissue is deprived of oxygen, it becomes fatty. The result is that in chlorosis the tissues become fatty; the muscles and especially the heart muscle, undergo fatty degeneration and fat is apt to be deposited in excess throughout the body, hence body is well covered with fat.

In consequence of the fatty condition of the heart muscles, the ventricles become dilated, and mitral valve often becomes incompetent.

The shortness of breath of which the patient complains is due to a double cause viz :—

- (1) Deficiency of hæmoglobin in blood: this necessitates increased depth of respiration.
- (2) Fatty dilated condition of heart.

Hence the importance of resting the heart, and of preventing muscular exertion and mental excitement by keeping the patient at rest in bed.

In conclusion :—

1. Patient should be kept at rest in bed.
2. All causes of physical and mental excitement should be prevented.
3. A light nutritious diet chiefly milk should be given.
4. Gastro-intestinal troubles should be rectified by alkalies etc.
5. Functions of bowel should be carefully regulated by aperients *e.g.*, mag-sulph.
6. Large doses of Iron should be administered in gradually increasing doses.

N. B.—Dr. Melland in an interesting article appearing in the *B. M. J.* of December 11, 1909, describes a method of treatment which he has successfully employed. It is based on the researches of Haldane and Lorrain Smith, who showed by their carbon monoxide method that in chlorosis, although the percentage of hæmoglobin in the blood is so much diminished, the total amount of hæmoglobin in the body is fully up to the normal; that is to say, the anæmia is only relative, being due not to a deficiency of hæmoglobin but to an excess of plasma. Theoretically, therefore, by diminishing the fluid portion of the blood, it should be possible to cure chlorosis without iron. All that is necessary is to reduce the fluids of the body, and to prevent re-accumulation. The variety of means employed to this end constitutes Dr. Melland's treatment.

In the first place, removal of water by the bowel is recommended, and for this purpose small doses of magnesium or sodium sulphate should be given. Of equal importance is it to encourage the secretion of urine, and here diuretics are recommended. Of these, he states, he has found theocin-sodium acetate the most reliable, given in doses of 5 gr. four times a day. Whichever diuretic is given, it should be combined with digitalis, 5 min. of tincture with each dose being found most suitable. To increase elimination of fluid by the skin, jaborandi might be used, and such measures as hot

baths, vapour baths, or hot packs. Another point is the inducing of emesis by small doses of sulphate of zinc.

Not only, however, must the elimination of water by the bowel, kidney, and skin be encouraged, but the intake of fluid has to be limited. In some cases patients said that they had been in the habit of drinking unusually large quantities of fluid. An important means of diminishing this tendency is the taking of as little salt as possible with food. The power of salt to retain fluid in the body is well recognised, and in persons whose kidneys are defective an excess of salt often leads to the appearance of œdema, which disappears when the salt is discontinued.

Serum-therapy in chlorosis :—

Dr. Delearde and Paquet recommend sub-cutaneous or oral administration of the serum with marked success. Intravenous injection 15. c.c. or subcutaneous injection of 30. c.c. of fresh serum in Hæmophilia is recommended.—*Edinburg Med : Journal Vol ii Page 279, 1909.*

It causes the hæmophilic blood to clot in approximately normal time.

Pernicious anæmia.

From our present knowledge of its pathogenesis we conclude :—

1. That the etiologic agent is essentially a severe poison that has a selective degenerative action not only on the blood-making structures, but also on the spinal, heart muscle, liver and kidneys.
2. That the poison is absorbed from the gastro-intestinal tract.
3. That hæmolysis *i.e.* destruction of red blood corpuscles is going on at one end of the circulation (*say in the portal circulation*).
4. That rapid production of red blood cells is hurrying on at the other end of the circulation *i.e.* in the marrow of the bones ; consequently there is excessive and pathological activity of the bone-marrow ; and as a result of this

excessive activity of the bone marrow large numbers of immature red cells—megalocytes (*large red cells*) and megaloblasts (*nucleated red cells*)—are thrown into the circulation. We divide pernicious anaemia according to the changes produced in the bone-marrow viz :—

1. *Hyperplastic* :

2. *Aplastic* :

Hyperplastic

1. Presence of erythroblasts *i.e.* “Showers” of unripe red cells—Megalocytes, megaloblasts—in the circulation.
- Circulating blood shows evidences of active regeneration going on in the bone-marrow.

Nucleated red cells are present.

2. Bone-marrow is bright red.
3. Colour index is high,
4. Reduction of protective polymorphonuclear leucocytes and corresponding increase in mononuclear or lymphocytic type of cell.
5. Occurs in middle aged man.
6. Haemorrhages etc., are less common.

Aplastic :

1. Absence of erythroblasts.

Apparently there is no active response on the part of the marrow to the injurious influence, or it is unable to make up the losses sustained by haemolysis, and an atrophy results.

Nucleated red cells are usually absent.

2. Bone-marrow is yellow colour, and a fatty marrow is formed from end to end in the long bones, due to atrophy of erythroblastic tissue.
3. Colour index is generally low.
4. Granular variety of leucocytes is very poor.
5. Occurs in young person mostly woman.
6. Haemorrhages (*subcutaneous, baccal*) are more common.

A discussion between Dr. Hale White and Dr. Cabot.

Dr. Hale White supports the theory advanced by Hunter in 1888, (*Severest anæmia: Vol i, 1909*) and states that: "As so much free iron is found in the liver, I suggest that the destruction of red cells and hæmoglobin takes place somewhere in the portal area, and the free iron is consequently deposited chiefly in the liver."

Dr. Cabot (*in Osler and Mc. Crae's System of Medicine*) says:—"It has been shown, however, that when hæmolytic agents are introduced through the blood stream itself, these iron deposits occur in the same way as in pernicious anæmia of the ordinary type. We have no reason, therefore, to find in the hepatic iron deposits an evidence that the hæmolytic processes takes its origin from the gastro-intestinal tract".

Dr. Hale White says that, "any changes in the spinal cord are uncommon in pernicious anæmia". But this is surely not true. Thus Cabot says that, "Lesions have been found in 82 cases (84 per cent.) of those examined, while in only 14 was the cord examined and found to be normal".

Treatment of Pernicious Anaemia:—

On account of the researches of Herter, attributing to anærobic bacteria a prominent role in the intestinal fermentation, which is regarded as the source of the enterogenic origin of the disease, various measures have been proposed for keeping the bowels aseptic, for cleansing the bowels etc.

The writer advises the disinfection of the intestine—the labour of a Sisyphus! by benzo-naphthol, formedyne, salol, thymol etc.

"Clean out, clean up and keep clean" the bowels by colonic irrigation with tepid normal saline solution.

The writer recommends various medicines which stand the test of time:—

1. Liq : arsenicalis m iv—x thrice a day.

If arsenic fail, proto-nuclein tablet gr. iii thrice a day is recommended.

2. Red bone-marrow is taken out of the cancellous textures of bones and given in capsules or you can administer thus :—

R.

Red marrow from tibia of calf

Glycerine

a.a. ℥. ii

Rub in a mortar ; add port wine if required.

The writer recommends some of the bonemarrow preparations, virol, ext of red bone marrow (*Armour*), but fresh marrow is undoubtedly the best.

3. Raw meat Juice.
4. Old red wine.
5. Sir willium Broadbent recommends phosphorus.
6. Hunter speaks highly of.
 - (1) Antiseptic gargle as the disease is caused by septic absorption from decayed teeth and unhealthy gums.
 - (2) Gastro-intestinal antiseptis.
 - (3) Administration of arsenic.
 - (4) Antistreptococcus serum.

Injection of antistreptococcus serum is efficacious. (*Clinical Studies : Oct : 1901*).

Transfusion of blood has some supporter.

Vessels have been carefully sewed end to end : so that **transfusion** has been deprived of the risks of clotting etc., hitherto so common with the older method which connected the donor's artery with the patient's vein by means of a rubber tube.

The result seems in some cases "nothing short of a resurrection from the dead" but it is attended with practical disadvantage,

Inhalation of Oxygen is sometimes useful as a palliative remedy.

N. B.—Iron is useless as each individual red corpuscle contains more than normal amount of iron.

Hygienic treatment:—

Absolute rest in bed on account of low blood count, and physical weakness. He should be in a well ventilated room.

Psychical treatment:—

Patients owing to a lowered Psychical balance, are not easily controlled by the physician. They become an easy prey to "Faith cure."

I. Dietetic treatment:—

On inquiry, it will usually be found that the appetite of chlorotic girl is uncertain and capricious. Both the quantity and the quality of the food require attention—the former because in all probability insufficient, the latter because, as a rule, proteins and fats are not taken in sufficient amount, while carbohydrates are in excess. Moreover, all kinds of indigestible articles are taken on account of their tartness or pungency. There is a sensation of fullness after meals with flatulence and eructations, and, indeed, there may be pain and vomiting marked enough to lead one to suspect gastric ulcer. There is almost always constipation alternating, it may be, with diarrhoea; in any case, there is always intestinal irregularity, though it must always be borne in mind that the sepsis may have some other origin, as, for instance, decaying teeth and suppurative gingivitis.

The writer recommends purin free diet and soured milk to reduce intestinal fermentation. Asparagus, pears, peas, beans and potatoes are rich in iron in the most assimilable form and are therefore ordered.

If vomiting be present, no food at all should be given for a day or two, the patient being merely allowed to sip hot alkalized

water (five or ten grains of bicarbonate of soda to the ounce). Hot saline enemata may also be administered (three or four pints in the twenty-four hours). Boiled milk with barley water and soured milk may then be given, the patient mean-while being kept in bed. As the symptoms subside, the quantity of milk may be increased (four to six pints of boiled milk and half a pint, or a pint, of soured milk). The milk should be given frequently, half a tumblerful at a time. If there be much nervous irritability, a little landanum may be added morning and evening.

The constipation may, for a time, resist the action of aperients, and in such case the bowels should be cleared daily by means of soap and water enemata administered through a long rectal tube.

As soon as the gastric symptoms have subsided, solid food may be administered, beginning with stale bread steeped in milk, semolina, arrowroot, and vermicelli. In a few days it will be permissible to include some light fish—Koi, Mangoor, or singhei—plainly boiled and flavoured with lemon juice, and poached or scrambled eggs. Next we may give pounded chicken, or mutton, provided the patient can masticate the latter properly. Cream and butter should be taken freely.

Not until we have evidence that this more liberal diet is tolerated is it wise to exhibit iron in any form, and when we decide to do so it will be well to begin with some organic compound of the metal, since this is less apt to cause constipation and gastric disturbance. Vegetable bitters or light beers are useful at this stage to stimulate the appetite and aid digestion.

The following diet tables, based on those drawn up by Dr. Jhon M. Cowan,* embody the principles enunciated above :—

Milk Diet.

4 a.m.—Milk, 10 oz. (hot or cold).

8 a. m.—Bread and milk, 15 oz.

11 a.m.—Lactobacilline soured milk, 4 oz. (or more).

*"Diet and Dietetics," by Dr. Sutherland.

1 p.m.—Milk pudding with milk, 15 oz. (cornflour, ground rice, semolina, sago, tapioca, arrowroot, custard).

3 p.m.—Benger's food, 10 oz., or soured milk, 6 oz.

5-30 p.m.—Milk pudding or bread and milk, 10 oz.

8 p.m.—Milk, 10 oz.

Light Diet.

4 a.m.—milk, 10 oz.

8 a.m.—Milk or weak tea with milk, 10 oz. ; bread and butter, 2 oz. ; white fish with white boiled sauce, 4 oz. ; or an egg, lightly boiled or poached.

11 a.m. Lactobacilline soured milk or Benger's food, 10 oz.

1 p.m.—Chicken broth or clear soup, 10 oz. ; chicken or white fish, 1½ oz. ; bread, 1 oz. ; potatoes, 2 oz. ; vegetables, 1 oz. (cauliflower, cabbage, sprouts, &c.) ; milk pudding, 10 oz.

5-30 p.m.—Milk or weak tea with milk, 10 oz. ; bread and butter 2 oz. ; one egg or white fish, 4 oz.

8 p.m.—Milk, 10 oz. ; cream, 10 oz. a day.

Full Diet.

4 a. m.—Milk, 10 oz.

8 a.m.—Milk, or weak tea with milk, 10 oz. ; bread, or toast, and butter, 4 oz. ; white fish, 4 oz. (or one egg).

11 a.m.—Soured milk, or Benger's food, 10 oz.

1 p.m.—Broth. 10 oz. ; meat, boiled or roasted (chop, steak, mutton, chicken) ; bread and potatoes, of each, 2 oz. ; milk pudding, 10 oz.

5-30 p.m.—Milk or weak tea with milk, 10 oz. ; bread and butter, 4 oz. ; an egg or white fish, 4 oz.

8 p.m.—Milk, 10 oz., or soured milk, 6 oz.

Cream, 10 oz. a day.

As much variety as possible should be introduced into the preparation of the food. Fruit jellies, stewed prunes, stewed plums, dates and figs are useful adjuncts.

LEUKÆMIA.

Leukæmia is a disease characterised by the presence in the blood of an increased number of white cells (*leucocytes*), associated with changes either alone or together in the spleen, bone-marrow or lymphatic glands.

There are two main types :—

1. **Spleno-medullary leukæmia**, in which the changes are especially localized in the spleen and the bone-marrow, while the blood shows a great increase in elements which are derived especially from the latter tissue.
2. **Lymphatic leukæmia**, in which the changes are chiefly localized in the lymphatic apparatus, the blood showing an especial increase in those elements derived from the lymph glands.

The essential clinical characteristic of leukæmia :—
is the presence in the blood of a large percentage of myelocytes in spleno-medullary form and an altogether abnormally large percentage of lymphocytes in lymphatic type.

Classical symptoms common to both varieties are :—

1. Progressive enlargement of abdomen.
2. Shortness of breath.
3. Bleeding from nose is common.

Treatment :—

The patient should be placed under the most favourable conditions—in a healthy bracing climate on a dry soil, with good air and good food. He should if possible be free from worry or mental emotion. The most valuable drug is arsenic, which should be commenced in small doses and gradually increased. All these indications may probably be best fulfilled by sending the patient to undergo a course of arsenical waters at La Bourboule, in France (Department Puy-de-Dôme). Cold douches with the galvanic and faradic currents may possibly be useful.

Diseases of the Respiratory System.

CHAPTER. VI.

ACUTE CORYZA.

Spira (*Laryngology Feb. 1909*), strongly recommends adrenaline inhalant (consisting of one part of adrenalin hydrochloride to 1000 parts of a neutral oil basis with 3 per cent chloretone) in acute coryza especially of "dry" catarrh.

Les Nouveaux Remedis of March 24, 1910 gives the following advice.

Prepare a mixture of menthol and chloroform, equal parts ; and mark "For inhalation." Place a few drops of the mixture upon the handkerchief and inhale through the nostrils.

TREATMENT OF SORE THROATS.

For some time past Berliner has treated sore throats antiseptically, but by the usual way of the mouth. In many cases, however, relapses occurred, if, at the same time, nasal catarrh were present, the secretion formed which passed into the naso-pharynx. He therefore acted upon the idea that, in order to deal more effectively with these sore throats and to prevent relapses, it would be a better plan if the remedy took the same road as the secretions. For this purpose a slow-acting ointment was best to obtain a continuous effect and the subjoined answers well :

R.

Protargol	gr. xvijss
(in Aq. frigid. mxl. dissolv.)	
Adipis Lanæ	ʒ. jss
Menthol	gr. jss
Saccharini	gr. v
Paraffini molliis	ad. ʒ. j
Misce. Fiat unguentum,	

Of this ointment the patient introduces into each nostril a piece about the size of half a pea, and lightly rubs it into the inner surface. When this amount is exhausted, of which he is made aware by no longer tasting the saccharin, he makes another application.

Catarrhal sore throats are favourably influenced by this treatment, as well as the accompanying hoarseness. An inflammatory sore throat (*parenchymatous*) runs its course and cleans up more quickly. The method is also of use in the secondary treatment of nasal and pharyngeal diphtheria, as well as in coryza.—*The Practitioner*.

LARYNGITIS.

Laryngitis or inflammation of the larynx is of two kinds:—
Acute and chronic.

Acute laryngitis:—

Moisten the air of the room with the medicated vapour of boiling water, give hot milk and Soda water for drink, spray the throat with hydrogen peroxide and take other precautions as in pharyngitis.

Chronic laryngitis:—

Give complete rest of the voice and remove the cause of the disease if possible. Spray inside of the larynx by means of a laryngeal throat atomiser or a paroline atomiser any of the following:—

(1) R.

Acid carbolic	gr. x
Oil eucalyptus	m. xii
Menthol	ʒ. ss
Hazelline	ʒ. i
Pinol	ʒ. ss
Paroline	ad. ʒ. i

Mft. to be sprayed thrice a day.

(ii) Chloretone inhalent (*P. D. & Co.*)

Suck. any of the following voice tabloid or tablet.

(i) Tabloid Potassii chloratis et Boracis et cocainæ Co ;
(*B. W. & Co*) :

(ii) Voice tablet (*P. D. & Co*).

Dose—One to be dissolved in the mouth as required.

Internally :—

Strychnine has a powerful effect in improving muscular tone and is consequently useful in cases in which the approximation of the vocal cords on phonation is imperfect. Alcohol and tobacco should be prohibited. Massage over the larynx with warm mustard oil is good.

BRONCHITIS.

Bronchitis means inflammation of the bronchial mucous membrane.

Before describing the treatment of this disease, the writer thinks it is better to say a few lines about the anatomy of bronchus.

In the larger bronchi the cartilage forms an incomplete circle just as it does in trachea, but as the tubes divide in the interior of the lungs a complete ring of cartilage is formed. In the smaller bronchi the cartilage becomes broken up, so that instead of there being a complete ring there are several discrete portions which are firmly held together by fibrous tissue, and in the smallest divisions there is no cartilage at all.

Muscular and elastic tissues are present throughout the whole system of tubes.

For practical purposes it may be said that the larger tubes, as regards the lumen, are non-dilatable, but they are subject to a narrowing either by muscular contraction or by swelling of the lining membrane.

A patient with bronchitic tendencies is always in a state of insufficient resistance to bacterial invasion and should as much as possible be kept away from exposure to infection. Autoinfection is more common than is supposed.

There are two kinds of bronchitis :—

1. Acute.
2. Chronic.

Acute bronchitis means acute catarrhal inflammation of the bronchial mucous membrane.

It is bilateral.

Repeated attacks of bronchitis lead to chronic bronchitis.

The direct cause of bronchitis, in the majority of cases, is an infection by micro-organisms (*micrococcus catarrhalis* etc.); it is a common sequence of cold.

Winslow and Robinson point out that bacteriological studies have shown that quietly expired air is germ-free.

Flügge and his pupils have shown to the bacteriological world beyond the shadow of a doubt that in sneezing, coughing, and loud speaking a spray is thrown out which contaminates the air with bacteria for a considerable distance from the mouth.

The mouth spray so to speak, is a fairly coarse rain which settles for the most part in 15 to 20 minutes, and that most of the spray is so coarse that it settles much more rapidly. (*Journal of Infectious Disease* for January 1910.)

Physicians should bear in mind three points in the treatment of bronchitis :—

1. To keep up the patient's strength.
2. To relieve the bronchial spasm as much as possible.
3. To loosen the catarrh.

There are three kinds of treatment :—

- i. Prophylactic.
- ii. Abortive.
- iii. Medicinal.

i. Prophylaxis :—

1. Children should be in the open air as much as possible during the day and enjoy as much free ventilation from the outer air at night as may be compatible with prudence.
2. Sudden change of temperature should be carefully guarded against.
3. Hygienic treatment of the skin is very important.

“An excessive amount of clothing by night and day with wraps round the neck and wool next the skin, excludes too completely the oscillations of the outer temperature which should act as a stimuli to the cutaneous surface. Moreover, the constant moist heat which is thus maintained tends to make the skin delicate and to depress its power of reaction.”—W. Ewart.—(*Allbutt's System of Medicine*, Vol. v.)

ii. Abortive treatment :—

If the patient be seen upon the onset of the first signs of bronchial catarrh, treatment should be immediately instituted with a view to abort the disease viz.

- (a) A full dose of saline laxative should be administered and repeated in 2 or 3 hours if the first dose fails to move the bowels freely.
- (b) He should take a hot bath and go to bed as soon as the bath is over ; if there be any objection hot foot bath may serve the purpose.
- (c) A glass of hot lemonade should be drunk.
- (d) The patient is then covered with woolen blankets with a view to promote diaphoresis.

(c) *Internally* :—

℞.

Tinc : Belladonna m. ʀ

Aq : Camphoræ ad. ʒ. i

Mft. for a dose : Sig. one every hour until the physiological action of belladonna is slightly felt when reduce the dose so as to maintain the effect.

If these measures do not break up the attack within 24 hours treat the patient for acute bronchitis.

iii. Mediinal treatment :—

1. A dose of calomel followed by a saline will do good in every way.

2. All drinks should be given hot.

3. Citrated milk is allowed.

Sodii Citrate gr. $1\frac{1}{2}$ should be added to an ounce of milk.

4. As a rule alcohol is unnecessary.

Treatment of Acute Bronchitis :—*Internally* :—

(i) ℞.

Liq : Ammon citratis ʒ. ii

Tinc : Camphoræ Co. m. xx

Vin : Ipecac m. vii

Pot : Citras gr. x

Syr : Althæ ʒ. j

Aq : Anisi ad. ʒ. i

Mft. for a dose : Sig : one every 3 hours.

(ii) ℞.

Vini antimonialis m. iv

Spt : etheris nitrosi m. xx

Liq : ammon citratis ʒ. ii

Tinc : Camphoræ Co. m. xx

Aq : anisi ad. ʒ. i

Mft. for a dose : Sig : one every three hours.

Locally :—

R.

Lint : Ammonia	℥. iii
„ Terebinth Co	℥. iii
„ Saponis Co.	℥. ii

Mft. to be rubbed on chest twice a day.

- ii. Hot foot-bath is very useful as an adjuvant to vascular stimulant in relieving congestion and preventing inflammation of bronchitis.

Inhalation :—

- (a) A few drops of Spt. Chloroform in a steam inhaler is used to allay irritable cough.
- (b) Steam is useful in allaying and loosening a tight and tenacious cough.

Treatment of Chronic Bronchitis : —

1. Stimulant Expectorant :—

It stimulates the heart, increases blood pressure, and diminishes secretion by stimulating relaxed mucous membrane. The following are the best stimulant expectorants, *e.g.*, Ammon Carb., all Aromatics, Senaga, Squill and Strychnine.

R.

Ammon Carb	gr. iii
Tinc : Carminative	m. x
Syr : Scillæ	℥. ss
Inf : Senegæ	ad. ℥. i

Mft. for a dose : Sig : one every hour with a tabloid of strychnine sulph gr. 1/64.

2. Sedative Expectorant :—

It depresses the heart, lessens blood pressure, and increases secretion.

When cough is dry and distressing, prescribe :—

- (a) Sedative expectorants, *e. g.* Bromide Codein, Morphin Heroin, Dionin, Tinc. Camphor Co. They have a soothing influence over mucous membrane.

- (b) Promote secretion by Ipecac, Ammon. Chloride, Apomorphin, Antimony and *Saline Expectorants*, e.g. Pot. Iodide, Alkalies in Rheumatic or Gouty cases.

R.

Ext. Ipecac liq.	m. i
Ammon Chloride	gr. vii
Pot : Iodide	gr. iv
Pot : Bicarb	gr. x
Ext : Glycyrrhizæ liq.	m. xx
Aq. anisi	ad. ʒ. i

Mft. for a dose : Sig. one thrice a day.

3. When sputum is abundant prescribe **Antiseptic expectorant**, e.g. Creasote, Guaiacol, Petroleum (*in the shape of Angier's Petroleum Emulsion*) Turpentine, Tolu, Camphor, and Senega.

R.

Creasotal	m. v
Glycerine	m. x
Syr : Tolu.	m. xx
Syr : Cascara	m. xxx
Inf : Senega	ad. ʒ. i

Mft. for a dose : Sig. one thrice a day.

N.B.—There are two excellent preparations of Creasote.

- (i) Creasoted Cod Liver Oil, with Hypo-phosphate of Calcium and Sodium. (*P. D. ʒ Co.*)
- (ii) Cream of Malt with Cod Liver Oil, Hypo-phosphites and Creasote.

Inhalation :—

Vapours of Creasote, Terebin, Pinol and Eucalyptus.

Locally :—

R.

Valsal Iodine 10 per cent	ʒ. iv
Camphor	gr. xv
Oil Cajuput	ʒ. ii

Mft. to be rubbed over chest twice a day.

N.B.—There are lots of patent cough medicines which, so to speak flood the market. One may often learn much from quacks, though such men have neither honour nor principle enough to impart any of their knowledge for the good of humanity as a rule.

All knowledge in medicine should be the property of the profession, however obtained by any physician, if he think it an honour to be called a physician, and the man who strives to make a secret of any achievement in medicine is playing a traitor to himself, the profession and to humanity. However the following are worth trial, as their compositions are given and their combinations are very attractive.

- (a) Pino-dyne (*Pinus Canadensis*) Heroin, Codein, Terpin Hydrate and Senega—(*Oppenheimer & sons.*)

Dose:—A teaspoonful thrice a day.

- (b) Anodyne Pine Expectorant (*P. D. & Co.*) It contains among other things, *Pinus Strobis*, Morphine Acetas and Chloroform. It is particularly valuable for the alleviation of a dry spasmodic cough with little or no expectoration.

- (c) Syr. Cocillana Co. (*P. D. & Co.*) It contains among other things, Heroin Hydrochloride, Cocillana, Squill and Menthol.

Dr. Wilcox in the *Therapeutic Gazette June 1893*, recommends Cocillana in preference to Ipecac, Apo-Morphine in Acute and Chronic Bronchitis. It liquefies the secretion and relieves acute exacerbation, It is contra-indicated in Senile Bronchitis.

- (d) Pertussin (*Ext. Thyme Saccharat*) is used in Asthma, Whooping Cough, Tracheal and Bronchial Catarrh,

4. The writer recommends the following in **Bronchi-ectasis with cough and bronchial irritations**:—

℞.		
Elix: Heroin et Terpin		
Hydrate (<i>P. D. & Co.</i>)	5. jss	
Syr: Prunum Virginium	5. ss	
Syr: Picis	m. xx	
Syr: Cascara	m. xx	
Aq: Laurocerasi	5. i	
Aq: Anisi	ad. 5. i	

Mft. for a dose: Sig. one thrice a day.

5. **Antispasmodic Expectorant**:—

e.g., Lobelia, Iodide etc.

(*Vide* my article on Asthma.)

6. When dyspnœa and other cardiac symptoms present, use cardiac tonic and stimulant.

Strychnine gr. 1/30 every four hours, increases the tonicity and resistance of the bronchial tissues, causing contraction both of the bronchial musculature and the large respiratory muscles, thus tending to expell the tough viscid mucus and to overcome the morning and nocturnal dyspnœa. A full dose of strychnine taken at bed time often will prevent attacks of dyspnœa during the night.

7. If there be Gouty Diathesis mineral water 3 ozs. with 3 ozs. of hot water to be taken by sips early in the morning.

8. Patients with intrathoracic congestion derive a great deal of benefit from walking in wet grass, as taught by the great hydro-therapist, Father Kneipp.

By far the most satisfactory method of treating chronic bronchitis is change of air.

During convalescence—triple arseniates of iron, quinine and strychnine with nuclein are recommended. Free elimination by the bowels, kidneys and skin should be maintained throughout the whole course of the disease.

PNEUMONIA.

Pneumonia means an inflammation of the pulmonary tissue proper caused by *pneumo-cocci* which enter the lungs by inhalation (J. D. WASHBOURN, M. D., F. R. C. P.)

A. Mc. Phedvan in *Monthly Cyclopædia and Bulletin June 1910*. defines pneumonia as a local specific inflammation due to a local infection which results from the general infection, the lung being infected through the blood-stream.

Prof : Osler in *the Clinical Medicine Feb. 19, 1908* remarks :—

“The great respiratory infection, the most formidable acute disease of modern times, well called, in Bunyan’s phase, the “*Captain of the men of death*,” is inflammation of the lungs, from the association with which the pneumococcus has had its most popular name.”

Pneumococci are widely distributed and almost universally present in the mouth.

In all ordinary circumstances resistance is sufficient to ward off real infection, but under adverse circumstances, as by fatigue, starvation, cold, overdoses of alcohol etc, the bodily resistance (*vitality*) may be lowered to a point which permits them to gain access to suitable soil for rapid propagation, and infection occurs.

Thus we see a bacteria which remains in a dormant non-pathogenic condition in health, spring to its life and becomes pathogenic under favourable circumstances when the vitality is lowered.

Pneumonia is really a septicemia. Rosenau (*Journal of Infectious Diseases 1904, vol i. Page 280*) found pneumococci in the blood in 132 out of 145 cases examined.

“The disease is infectious and selflimited, there is nothing for us to do but to guide it if possible to a favourable termination.”

(*Twentieth Century Practice of Medicine, Vol xvi Page 89.*)

The chief indications are :—

(1) To allay the inflammation.

(2) To watch the heart.

Every kind of active treatment followed in a routine fashion is *ipso facto* bad in principle; the true treatment is the common sense.

It is an established fact after the discovery of pneumococci that no earthly means known at present can cut short the duration of pneumonia; an attempt to bring down fever by antipyretics, such as antifebrin, antipyrine, phenacetin, are not only useless but injurious (SIR W. H. BROADBENT, *Bart*: M. D., F. R. S., F. R. C. P.).

It was probably pneumonia and its treatment to which the poet had reference when he wrote the following :—

“A little learning is a dangerous thing.

Drink deep, or taste not, the Pierian spring;

For shallow draughts intoxicate the brain.

While drinking largely, sobers us again.”

The disease will have its own course; the fever will end by crisis either on the 7th or 9th day of its course, when the vigilant physician will keep up his patient with food and stimulants.

Hektoen (“*Modern Medicine*”. Vol ii. Page 48). Says :—

“The pneumococci as a rule disappear from the circulating blood as crisis comes on”.

Wolff on the other hand (*Journal of Infectious Diseases May 1906*) remarks that.

“Pneumococci persist in the blood for days after the crisis has passed and are then just as virulent as during the fever.”

The disease passes through three stages :—

1. Engorgement (*congestion, hyperemia*) from 1 to 3 days.

2. Exudation (*red hepatization*) from 3 to 7 days.
3. Resolution (*grey hepatization*) from 1 to 3 weeks.

N. B.—In exceptional instances there may be suppuration and gangrene.

Toxaemia manifests itself by:—

- (1) Increased stimulation of the nervous system *e.g.*, sleeplessness, delirium.
- (ii) The results of over stimulation *e.g.*, depression, coma etc.

The management of toxaemia consists in.

- (1) Enforcing resistance.
- (2) Increasing elimination.
- (3) Counteracting the effects of the toxins.

No antitoxin thus far obtained can be relied upon for therapeutic relief.

Resistance to the toxins can be secured by aerotherapy, hydrotherapy, careful feeding and when required, moderate stimulation.

Elimination is secured by diuresis and diaphoresis.

The chief danger of the patient at such times lies in the toxæmia of the disease, and by stimulating metabolic processes *e.g.*, x-rays etc., we should be running a grave risk of swamping the economy with a large quantity of poisons that can be eliminated.

(*A System of Medicine by Osler and Mc.Crac. Vol ii, Page 646*).

The treatment is divided into two groups:—

I. Prophylactic

II. Medicinal

i. Prophylactic.—It is now admitted by all hands that pneumonia occurs endemically, *i.e.*, when it has obtained a footing, it is with difficulty expelled from a dwelling. It seems to hover about or cling to certain buildings (R. W. PHILIP, M. A., M. D., F. R. C. P. E.) ; hence the room of pneumonic patients should be thoroughly disin-

fectured by some antiseptic lotion, *e. g.*, Phenyle or Hydrarg per-chloride, to destroy the poison *in situ*, if there be any, followed by a thorough white-washing. The room should be dry, well aired and free from furniture. The patient must spit in a cup containing some antiseptic lotion.

ii. Medicinal :—

Old method of treatment :—*Bleeding, blistering, starvation and purging were the potent weapons of the physicians of the past, and are not obsolete.

New method of treatment :

Internally :—

Administer a brisk purge at the beginning of the disease, followed by a saline draught in the morning.

The use of antimony is spoken of highly by SIR SAMUEL WILKS, Bart, M.D. It is administered during the first days of pneumonia, mostly to plethoric patients with high bounding pulse.

The treatment with Digitalis as a routine has recently found several supporters (J. DRESCHFIELD, M. D., B. SC., F. R. C. P.).

1. The use of arterial sedatives is loudly recommended by the writer where arterial tension is high, especially in full-blooded patients :—

R.

Tinc : aconite†	m. ii
Vin : Antimonialis	m. v
Spt. Ammon : Aromatic	m. xx
Inf. : Digitalis	ʒ. i
Aq : Anisi :—	ad. ʒ. j

Mft : for a dose : Sig : every 2 or 3 hours.

At the very onset of the disease watch the pulse cautiously : when it begins to be soft, blood pressure low and free diaphoresis, stop the mixture and treat him with stimulants.

*Venesection—"a degenerated edition of the vampirism of bygone days"—has now been obsolete.

2. The time-honoured practice of the use of stimulant expectorants is given below, though PROF. OSLER remarks:—

“Expectorants are rarely of any value in pneumonia.”

(a)

R.

Ammon. Carb	grs. iii
Spt. Ammon. Aromatic	m. xx
Spt. Cajuput	m. xv
Tinc. Scilla	m. v
Inf. Senegæ	ad. ℥. i

Mft. for a dose : sig : one every 4 hrs. up to 4 doses a day.

(b) Tabloid Hypod: Digitalini et Strychnine Sulph.
grs. 1/100 each.

Direction:—one every 4 hrs. alternately with the above mixture up to 4 within 24 hours :

It guards against cardiac failure.

3. Free administration of Vini: Gallici 2-4 oz. within 24 hours.

Alcohol is the most trustworthy remedy in pneumonia which can tide the patient over the most dangerous period. (WILLIAM OSLER, M. D., F. R. S., F. R. C. P.)

N. B.—

(a) Calcium chloride gr. v-x had been advocated by DR. CROMBI with a view to prevent serous exudation in the alveoli of the lungs: it is, no doubt, an excellent remedy in pneumonia and requires careful watching.

(b) Creasotal: m. v-x with milk has been recommended at the very onset of the disease by some leading practitioners of the metropolis with a view to subdue temperature; but it is wrong in principle. The temperature is not a source of danger, and nothing

is to be gained by violent efforts to reduce it (SIR WILLIAM. H. BROADBENT, *Bart*: M.D., F. R. S., F. R. C. P.)

Externally :—

Hydrotherapy :—

1. “ Derivation ” (*depletion of the congested area*) is the alpha and omega of treatment during the first stage of the disease.

The various modes of water application *e.g.*, application of cold moist-pack from the feet to the costal border, hot foot bath etc., are advocated by the American physicians.

The engorged area is depleted by drawing the bulk of the blood to the lower extremity.

This is to speak ironically venesection without the loss of blood.

Aerotherapy :—

Fresh air stimulates the heart and respiration. It supplies requisite oxygen, relieves “air hunger,” promotes sleep, quiets restlessness and promotes digestion.

As Jurgensen long since pointed out “fever patients can not catch cold.”

Franklin wrote, “colds, so-called, are utterly independent of either wet or cold”.

2. Dr. LEES advocates the application of ice bag over the chest : the writer has never tried this heroic treatment in a warm damp climate like Bengal.

Other local methods :—

1. Application of warm poultices over the chest, to be changed every 3 hours. Everything that increases the expansion of the lung lessens the danger of collapse and pulmonary

changes around the pneumonic area. Heat adds force and power to the venous capillaries, unloading the congestion and throwing off the tissue waste. Heat stimulates the arterial capillaries, carries off the products of inflammation, and conduces to the quick restoration of the normal condition. It is the logical, physical reasonable and highly scientific method. (*Eclectic Medical Gleaner*).

2. Application of thermofuge or antiphlogistine to the chest: a convenient method consists in spreading the warm mass upon a piece of lint or flannel; then wrap up the chest with absorbent cotton and bandage. It abstracts moisture from the tissue, retains internal heat, reduces swelling and capillary congestion, allays pain, and exerts its antiseptic and alterative effect.

Per rectum :—

Hot salt or normal serum solutions by the bowel (5*j* salt to *o. i.* water), aids elimination, stimulates renal secretion, encourages all excretion, and lessens toxæmia.

(*Nothnagel's Encyclopedia of Practical Medicine. Disease of Lungs* p. 547).

Subcutaneous injections of essence of terebinth

G. Dieulafoy in *the Text Book of Medicine 1910 Vol i, page 139*, advocates this treatment as follows :—

“An injection of 15 minims of essence of terebinth—*i.e.*, 60 minims for four injections—is given by means of a sterilized syringe, in the subcutaneous tissue of the outer surface of each thigh and of the deltoid region of each arm.

These injections produce extremely acute pain, lasting about two hours. The next day the injected regions present an œdematous, whitish and diffuse thickening.

Abscesses are formed and are called **Abscesses of fixation** or **abscesses of derivation.**”

Serum treatment of Pneumonia :—Anti-pneumococci serum is in its infancy and requires trial in the hands of the profession to establish its supremacy : PSANTI and PIERACHINI, in a paper in *Lo Sperimentale*, described the treatment of a large number of cases of pneumonia, and concluded that the serum exercised no beneficial influence upon the disease.

“The serum is administered by subcutaneous injection in the same manner as the diphtheria antitoxin. The dose is from ten to twenty cubic centimetres, which may be given two or three times a day during the attack until the constitutional symptoms have commenced to subside.”

Pneumonia by vaccine prepared from pneumococcus.—

As soon as the positive phase is well established, usually from 36 to 48 hours after the first injection, a second dose of 2, 3, 4 or 5 times the size of the first should be administered. By these means the marked rise in available opsonin that naturally precedes the crisis, and the consequent fall in temperature and disappearance of physical signs, may be considerably antedated and the process of cure correspondingly hastened”.

(*System of Medicine by Allbutt and Rolleston Vol. v. Page 246*).

Six cases of pneumonia, treated successfully with pneumococcus vaccine, are recorded. The ages of the patients varied from 66 to 83 years ; several had a marked alcoholic history and all were in poor condition, all but one having chronic nephritis, and all showing marked arterio-sclerosis. Treatment was commenced by giving 20 to 35 million killed pneumococci from a previous case, and then preparing further doses from the organism isolated from the patient's own sputum. Fifty millions is the maximum dose. *H. A. Craig : Medical Record, Feb. 12 1910.*

In conclusion the writer remarks :—

Antipneumococcic serum is not antitoxic, but antibacterial, and would therefore require to be given at a very early stage of the disease, before the bacteria becomes firmly lodged, *i.e.*, before definite symptoms are excited,

In delayed resolution of the consolidated lung and in circumscribed infections of other parts vaccines may prove of much benefit, as in such cases there is but little general infection.

Vaccines, therefore, appear to have a very limited field in the treatment of Pneumonia.

Eyre (*Allbutt and Rolleston's System of Medicine Vol. v, Page 241*) speaks in favour of vaccine therapy.

Latham has found pneumococcic vaccine given by the mouth to have a marked influence on the progress in two cases, and refers to reports of encouraging results from Böellke's vaccine in severe cases of pneumococcic endocarditis.

Treat the patient symptomatically :—

1. Hyper-pyrexia :—(Temperature 101 or above).

- (i) Ice on head.
- (ii) Sponging with tepid water to which aromatic vinegar has been added.
- (iii) Sponging with ice-cold water though recommended, is not judicious.
- (iv) Don't use strong antipyretic drug.

2. Pleuritic pain.

(a) A mustard poultice locally.

(b)

R.

Valsal Iodine 10 per cent.

℞. i

Oil Cajuput

ad. ℥. ii

Mft: rub the part well with this once or twice a day.

3. Pericarditis :—

A small blister in the neighbourhood of the heart.

In pericardial effusion draw off a few drops of the fluid by a hypodermic syringe: if the fluid be serous, the pericardium may then be aspirated; if the fluid be purulent it should be incised and drained like an empyema. (*Dr. Pye-Smith in the fifth volume of Prof: Clifford Allbutt's System of medicine p. 125*).

4. Cough:—

The writer recommends :—

(a)

R.

Menthol	℥. i
Thymol	℥. ss
Oil Eucalyptus	℥. iv
Alcohol 60 per cent.	℥. iii

Mft. to be inhaled in a steam atomiser three or four times a day, the strength being half a drachm to an ounce of water.

(b) Inhalation of hot water or carbonate of ammonia with senega often gives relief (J. DRESCHFELD, M. D., B. S., F. R. C. P.)

(c) Inhalation of moisture-laden warm air is a splendid means of relieving cough.

5. Dyspnoea:—

- (i) If due to the large amount of lungs involved or to heart failure, inhalation of oxygen is the best:
- (ii) If due to pulmonary œdema, venesection may be tried.
- (iii) If due to tympanitis the following is recommended :—

R.

Sodii sulpho carbolas	gr. iiii
Sodii Bicarb	gr. x
Tinc Carminative	m. x
Tinc assafœtidæ	m. vii
Aq. Chloroformi	ad. ℥. i

Mft. for a dose. Sig: one twice a day.

6. Delirium:—

Locally:—

Application of ice to the head.

Internally:—

(a) Extra dose of Brandy.

(b)

R.

Pot: Bromide	gr. x
Inf: Digitalis	℥.
Aq. Carnæ	ad. ℥. i

Mft. for a dose: Sig: one thrice a day.

7. Insomnia:—

(a) Chloralamid. gr. x—xv.

Sig: at bed time:

(b) Bromural gr. v.

Sig: at bed time:

(c) Veronal gr. x.

Sig: at bed time:

N. B.—Opium is a dangerous remedy in pneumonia (SIR WILLIAM GAIRDNER K. C. B., M. D., I. L. D.): it causes increased cyanosis and collapse probably from its paralysing action upon the respiratory centre.

On the other hand SIR WILLIAM GULL ordered opium in pneumonia up to his last day (*Practitioner*, Feb. 1900, page 135.)

8. Vomiting:—*Locally:—*

A mustard plaster over the pit of stomach.

Internally:—

Bismuth and Bromide in an effervescent form.

9. Diarrhoea:—

℞.

Bismuth Subgallate

gr. v

Tannigen

gr. vii

Pulv: Cretæ Aromatic

gr. x

Mft. for a pulv: Sig. one, twice or thrice a day.

10. Diffuse fibrosis of the lung.

Crofton (*British Medical Journal* Nov. 2. 1907) records a case in which the use of hypodermic injections of theosinamine was followed by the clearing up of a diffuse fibrosis of the lung as the result of pneumonia.

11. In pneumococcus septicemia.

℞.

Quinine tannas. (neutral)

gr. iii

Ferrum Carbon. saccharatum.

gr. iii

Mft. for a pulv. sig: one, thrice a day.

12. Existing nephritis:—

R.

Pot. citras	gr. x
Caffinæ benzoas	gr. i
Inf. Digitalis	ʒ. i
Dec : Scoparia	ad. ʒ. i

Mft. for a dose : Sig : one thrice a day.

13. Suppuration in the ear.

Wash the ear with hydrogen peroxide solution (1 in 4), pour 3 or 4 drops of hydrogen peroxide and watch whether any bubbles are coming out or not, and then close the meatus with a cotton plug.

N. B.—Hydrogen peroxide coming in contact with any organic fluid emits oxygen.

Treatment during the stage of resolution :—

When redux crepitations are audible :

R.

Ammon Carb :	gr. iij
Ammon Iodide	gr. ii
Calcium Iodide	gr. j
Spt. Chloroformi	m. x
Vin : Ipecac	m. vi
Aq : Anisi	ad. ʒ. i

Mft. for a dose :—Sig : one every 4 hours up to 3 or 4 doses within 24 hours.

or

R.

Guaiacol carb	gr. i
Calcium Iodide	gr. i
Nuclein	gr. x
(Put in capsule)	

Mft. for a dose :—Sig : one thrice a day.

Treatment during crisis :—

Internally :—

(i) Strychnine is our sheet anchor ; Vini Gallici is no. mean weapon at this stage : the writer recommends :—

℞.

Liq : Strychnine Hydroch	m. iv
Vin : Gallici	ʒ. ii
Tinc : Cardamom Co :	m. xx
Aq : Menth pip :	ad. ʒ. i

Mft. for a dose : Sig : one every. 4 hrs. till the pulse becomes steady and voluminous.

(ii) Pulv : Musk gr. ii in little honey every 4 hours alternately.

N.B.—Digitalis should be stopped if the patient has been taking it all through.

Hypodermically :—

Strychnine Sulph gr. 1/60 for hypodermic injection.

Locally :—

Hot bottles or hot blankets to the feet.

Treatment during convalescence :—

Internally :—

Iodo Ferratose ; a teaspoonful in water with 5 drops of Tinc : Nux Vomica twice a day after meal, is strongly recommended by the writer.

Triple arseniates (*iron, quinine and strychnine*) are recommended in the *American Journal of Clinical Medicine*. Arsenic powerfully induces fatty degeneration, and acting thus upon the forming products of inflammation it tends to rid the system of them quickly and in this way promotes a brief convalescence instead of a tedious one.

The patient should be on liquid diet ; the quantity of alcohol should be greatly diminished.

Locally :—

Valsal Iodine, as in the above prescription, should be rubbed to the chest to aid resolution which takes place very slowly.

Prognosis :—

Alcoholics are bad subjects of Pneumonia (HECTOR MACKENZIE M. D., F. R. C. P.). Diabetics, Chronic Bright's Disease, the aged and the very young are the worst patients.

When Crupous Pneumonia undergoes imperfect resolution, tuberculosis is likely to supervene (R. W. PHILIP, M. A., M. D., F. R. C. P. E.).

Dietetic treatment :—

1. Milk and lime water (*if acidity*).
2. Milk and soda water equal part (*if acidity*).
3. $\left\{ \begin{array}{l} \text{Milk one ounce.} \\ \text{Sodii citratis gr. ii.} \end{array} \right.$

Milk treated with sodii citrate forms in the stomach a light flocculent finely divided curd which is easily digested.

Milk with milksugar to raise the caloric value of milk. (120 calories to the ounce). the daily need of the patient being 2500 to 3000 calories.

(*American Journal of Clinical Med. May 1909.*)

4. Horlic's malted milk when there is difficulty of procuring fresh milk, especially at night.
5. The white of two eggs stirred up in half a pint of cinnamon water to which one or two teaspoonfuls of brandy and a pinch of salt may be added.

In connection with the diet we have to consider the administration of *Sodium chloride*. For some reason, not yet definitely known, during an attack of Pneumonia, the chlorides are generally greatly diminished, often entirely absent from the urine for a number of days. It would seem rational, therefore, to suppose that these salts are required for some purpose by the economy. The salt may be given with the food or the beverages, by saline enema or in capsule.

(*A System of Medicine by Osler and Me. Crae Vol. ii, page 645.*)

6. Benger's Food and milk (*if diarrhœa*).

7. Plasmon arrowroot and milk (*if diarrhoea*).
8. Somatose and milk (*or milk somatose*).
9. Freshly made chicken broth or jug soup.
10. Panopepton.
11. Palatable peptone.
12. Raw meat juice.

Hygienic treatment:—

Next to the place in which pneumonia is treated comes the manner in which it is nursed. As Graves said years ago :—

“It is of the utmost importance to economize the patient’s strength in fever. The very act of lifting him up, or removing him from one side to another, tends to produce exhaustion.”

In pneumonia the patient should not be allowed to assume an upright position lest cardiac failure should ensue.

(*Green’s Encyclopædia of Medicine and Surgery Vol. viii, P. 183.*)

In conclusion warm bed, proper nursing, good nourishment and stimulants with strychnine and digitaline hypodermically if required are the very essence of medical treatment.

During the entire course of Pneumonia the supportive treatment stands foremost. First husband the strength of the patient and increase his resistance; then meet and control the symptoms as they arise, and always keep the old adage in mind “whatever you do, do prudently, and look to the end.”

Prof: Hare has very aptly stated:—

“The physician must be the watchman all the time, and the therapist only when treatment is actually needed.”

BRONCHO-PNEUMONIA.

(*Capillary bronchitis, lobular pneumonia*).

This is essentially an inflammation of the terminal bronchus and the air-vesicles which make up a pulmonary lobule.

Broncho-pneumonia is as a rule a secondary affection and bilateral.

The physician should bear in mind the following points :—

- (i) To relieve cough, pain and oppression of the chest.
- (ii) To promote secretion in the affected parts.
- (iii) To favour action of the bowels, the kidneys and the skin.

At the very onset of the disease,

Put the patient to bed, saturate the atmosphere of the room with medicated vapours of eucalyptus, terebene, pinol etc., wrap up the chest with thermofuge followed by a cotton-wool jacket, and prescribe the following :—

R.

Tinc : Belladonna	m. i
Tinc : Bryonia	m. i
Liq. ammon citratis	ʒ. ss
Spt : ammon aromatic	m. ii
Aq : anisi	ad. ʒ ii

Mft. for a dose : Sig : one every 3 hours for a child of 4 years old.

Belladonna diminishes secretion of bronchial tubes and pulmonary tissues and stimulates respiratory centre; while bryonia exerts its specific action at this stage of the disease.

Broncho-pneumonia with thick tenaceous expectoration.

The writer recommends the following :—

℞.

Liq : ammon Citratis	℥. ss
Spt : ammon aromatic	m. ii
Sodii Benzoas	gr. i
Vin : Ipecac	m. i
Vin : antimonialis	m. i
Syr : Tolu	m. x
Aq : anisi	ad. ℥. ii

Mft. for a dose : Sig : one every 3 hours with alternate dose of Vini Gallici say 30 drops every 3 hours.

When febrile symptoms are about to subside and crepitations become moist.

The following is prescribed.

℞.

Ammon Iodide	gr. i
— Benzoas	gr. i
Liq : ammon Citratis	m. xx
Spt : ammon aromatic	m. ii
Aq. anethi	ad ℥. ii

Mft. for a dose Sig : one thrice a day.

During Convalescence creasoted codliver oil with hypophosphites acts miraculously : Dose being half a drachm to a drachm.

This is particularly important in the case of children suffering from broncho-pneumonia after measles or whooping-cough.

Children should be removed as soon as possible to the seaside or atleast to pure country air where the sacred Ganges flows fast.

In other respect the patient should be treated as mentioned in Pneumonia.

BRONCHIECTASIS.

Bronchiectasis means dilatation of the bronchial tubes. The condition is met with most frequently as a complication of chronic bronchitis or chronic Pneumonia. For practical treatment we divide it under two divisions :—

1. Prophylactic.
2. Medical.

1. **Prophylaxis** is of utmost importance. The disease is likely to supervene in badly nourished delicate children and therefore when these are attacked by bronchitis or broncho-pneumonia, we should not only treat the local disease, but also try to improve the general health and tissue vitality, being especially careful not to persist too long in the use of depressant pulmonary remedies.

Remove the patient to a suitable climate free from damp, fog and sudden change of temperature, and try to improve general health by tonics, proper food, breathing exercise and massage.

2. Medical treatment

The main indications are :—

- (i) Empty the cavities.
- (ii) Relieve the fœtor.
- (iii) Promote contraction of the sacculæ and general improvement of respiratory function.

(1) Empty the cavities.

- (a) Postural treatment (*viz. inversion of the patient, compression of the chest, etc.*) as a mechanical aid to bronchial outflow.

- (b) Liquifying expectorants : *e.g.*

Ipecac; Vin. Antimonialis, Pot. Iodide, Syr. Cocillana Co.

Writer's favourite formula :—

R.

Vin : Ipecac.	m. v
Vin : Antimonialis.	m. iiss
Pot : Iodide :	gr. v.
Syr : Cocillana co.	ʒ. ss
Aq : Anisi.	ad. ʒ. ss

Mft. for a dose : every 4 hours.

N.B.—Dr. Norris, Inspector in medicine at the University of Pennsylvania, has observed that Syr. Cocillana Co. increases fluidity of the sputum with corresponding facility in expectoration.

The object is to wash out the stale secretion by a more abundant flow of watery mucus. Continue it for several days followed by an emetic to clear off the tubes.

(ii) Relieve the foetor.

(a) Inhalation of vapour impregnated with antiseptics *e.g.* thymol, eucalyptus, creasote *e.t.c.* through a spray or an atomiser.

(b) Mouth wash.

Dr. C. W. Glassington's formula :

R.

Acid Carbolie	ʒ. vii
Liq : Potassæ	ʒ. vii
Chloroform	m. xx
Eau de Cologne	ʒ. xii
Liq : Cocci	ʒ. i
Aq : Rosæ	ad. ʒ. xx

Mft to be used as gargle.

(c) Internal administration of tar, creasote, turpentine, essential oil. *e.t.c.*

The writer recommends the following :—

i. Tabloid Picis et codeinæ. one to be slowly sucked every 4 hours.

ii. Elixoid picis Co. (*B. W. S. Co.*)

Dose half a drachm thrice a day.

iii. R.

Ichthyol	m. xxx
Glycerine	
Syr : Aurantii floris	aa. ʒ. i
Aq : aurantii	ad. ʒ. iv

Dose a teaspoonful thrice a day.

iv. R.

Syr : picis liq. (u.s.)	ʒ. ss
Syr : Cascara aromaticus	ʒ. ss
Ext : Ipecac : liq.	m. i
Ext : Nucis vom : liq.	m. i
Syr : Hemidesmus.	ʒ. i

Mft. for a dose : Sig. one thrice a day well diluted with water.

v. Garlic acts as a general tonic and a local Stimulant.

(d) Intra-laryngeal injection of disinfecting sol :

R.

Menthol 10 parts
Guaiacol 2 parts
Oil olivæ 88 parts

Direction of use :—One drachm to be injected thrice a day.

The contraction of the Saccules and the general improvement of respiratory function are promoted by all the measures mentioned above.

During Convalescence, iron quinine and codliver oil perseveringly administered with intervals of rest and interludes of hepatic treatment are the best means to the end of strengthening both fibre and function.

Salt water bath is beneficial.

*ASTHMĀ.

The term "Asthma" means shortness of breath.

It is essentially a disturbance of respiratory innervation.

Chundra calls it a nervous storm.

Trousseau calls it an "epilepsy of the lung."

Burney yeo regards it as a "respiratory neurosis."

In typical cases the dyspnoea is very severe. All the extraordinary muscles of respiration are thrown into violent contraction. The patient sits up panting for breath and ultimately lands himself, with perhaps some lessening of severity of each paroxysm, in a more prolonged or persistent stuffiness hardly less distressing to bear. He becomes in fact the slave of an appetite that he has whetted and that he cannot now control.

"The recurrence of asthma—*paroxysmal neurosis*—may in course of time so act on the nerve centres, as to diminish their control and to induce a fresh attack on less and lesser provocation. Recurrence indeed is largely the result of previous attacks."—*Allbutt and Rolleston: System of Medicine. Vol. v. P. 62.*

Dixon (*Proc Royal S. of Medicine 1909 April P. 120.*) has pointed out:—

"A vicious circle was established; the more the chest expanded and the lungs over-distended the weaker its powers of expiration became."

*Bronchial asthma is a disease caused by irritation of the hyperæsthetic nervous system of respiration. Its cause is to be sought not in, but outside of the lungs. The mucous membrane of the nose is the portion of the respiratory tract most exposed to injuries from without, and anomalies of the mucous membrane and of development are caused which produce points of pressure that often excite bronchial asthma in persons of nervous disposition. *Otto Gunzel (Medizinische Klinik, August 8, 1909; New York Medical Journal, October 9, 1909).*

One is reminded of the story told of Graves, who is said to have visited two asthmatic patients in the same day; the first attributed his attack to a smoking chimney and the other made his chimney smoke to relieve his attack :

We can keep our foe in abeyance, but we cannot root out the disease in the truest sense of the term, altogether from the system.

For practical treatment the writer divides it into the following groups :—

1. Spasmodic or Bronchial.
2. Cardiac.
3. Renal or Uræmic.
4. Pressure asthma.
 - (a) Gastric.
 - (b) Asthma of Pregnancy.
 - (c) Aneurism or mediastinal growth.
5. Reflex irritation.
 - (a) Due to hypersensitive condition of the mucous membrane of the upper air passage *e.g.* Nasal polypus. Nasal congestion, or chronic thickening of the cavernous tissue covering the turbinated bone.
 - (b) Due to idiosyncrasy of certain odour *e.g.* Scent of hay (*Hay asthma*), Scent of cat, (*Cat asthma*), or Scent of certain gas.

The chief indications are :—

- (1) To alleviate the spasm.
- (2) To prevent the paroxysms.
- (3) To remove the cause.

The Relief of Spasm.

Inhalation :—

1. A few whiffs of chloroform usually arrest the spasm.

N. B.—It should be administered by a medical man.

2. Inhalation of Nitrite of Amyl is efficacious in cardiac or renal asthma.

N.B.—The sedative kinds of inhalations do but appease by offering bribes to vicious nervous centres, and relaxes the bronchial musculature. Amyl nitrite is contraindicated where there is arteriosclerosis of marked type, through danger of rupture of an artery.

3. Inhaling the fumes of burning Nitrite sometimes checks bronchial spasm.

N.B.—The vapour, on reaching the mucous membrane, stupefies or exhausts the nervous centres, and stops the spasm for a time.

4. Smoking stramonium cigarettes is very useful.

5. The vapour of warm water is far ahead of all kinds of smoke and vegetable dusts.

(*Nothnagel's Encyclopedia of Practical Medicine, Disease of the Lungs. P. 250*)

6. The inhalation of Iodide of ethyl 10 to 15 minims or more, on a piece of lint, held in the palm of the hand has been strongly advocated for the relief off asthmatic paroxysm.

7. G. Dieulafoy in *the text book of Medicine 1910, Vol i. Page 114*, recommends pyridine. It may be used, either by inhalation of 10 or 12 drops on a handkerchief, or by allowing the drug to evaporate slowly near the patient.

Mechanical :—

1. Rhythmic traction of tongue 18 or 20 times a minute when no medicines are within reach
2. In bronchial asthma the application of the high frequency interrupted current to the vagus, accessorius, phrenic, and sympathetic nerves produce an anæsthetic effect, relieve

the breathing after a few minutes, and after several sittings often permanently terminate the asthma. The positive electrode should be placed on the lateral triangle of the neck or in the nose.

Hypodermic :—

1. Injection of morphia gr. $\frac{1}{4}$ is very efficacious.

N. B.—It is dangerous if there be much bronchial secretion.

2. Injection of heroin hydroch. gr. 1/30 dissolved in ten drops of distilled water, is very useful.

Spray inside the nostrils with the following :—

R.

Liq. adrenalin (1 in 1000)	ʒ. iv
Cocaine hydroch (1 Per cent. sol)	ʒ. iv

It relieves Bronchial spasm at once.

Locally :—

1. Mustard leaf poultice over the cardiac region in cardiac or renal asthma.
2. Hot foot-bath relieves spasm and induces sleep.
3. Application of ice over the position of the Vagi nerves in the neck is said to relieve the attack. (*Byram Bramwell : M. D.*)

Internally :—

1. In Spasmodic Asthma.

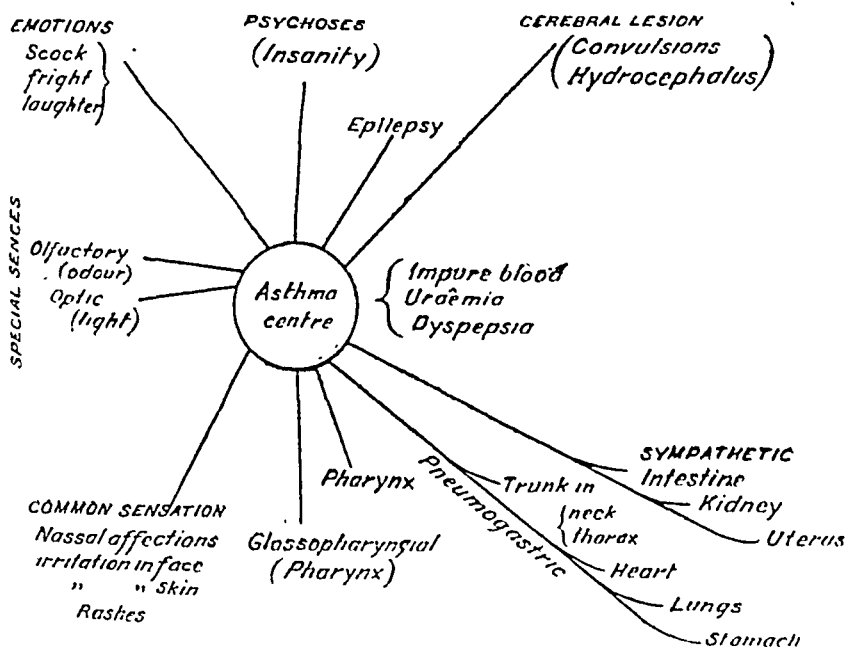
R.

Pot Iodide	gr. x
Pot. Bromide	gr. x
Tinct. Lobelia Ætheris	m. xv

OR

Tinct. Stramonium	m. x
Spt. Etheris Co.	m. xx
Aq. Chloroformi	ad. ʒ. i
Fiat mixtura	

Sig:—Every 2 hours till spasm is



SAMUEL WEST'S CHART.

Clinical Journal,

Augt. 11, 1909.

(b)

℞.

Dionin (Meck's.)	gr. v
Aq. laurocerasi	℥. ss

Dose.—10 drops 3 times daily, at bed time 20 drops.

2. In Cardiac Asthma.

(a)

℞.

Sodii Nitris	gr. v
Liq : Strychnine hydro.	m. iii
Spt : Etheris Nitrosi	m. xx
Spt : Etheris Co	m. xx
Syr : Lemon	℥. ss
Aq : Chloroformi	ad, ℥. i

Fiat Mixtura : Sig :—one every 3 hour up to 4 doses.

(b)

℞.

Tinc : Strophanthus	℥. i
Nitro glycerine Sol.	m. viii
Liq : Strychnine hydroch	m. xxxvi
Paraldehyde	℥. iss
Inf : Calumba	℥. iss

Fiat mixtura : Sig :—a teaspoonful in an ounce of water.

3. In Gastric Asthma due to the abnormal amount of gas pressing on the heart.

℞.

Bismuth Carb	gr. v
Sodii Bicarb	gr. x
Carbo ligni	gr. v
Oil menth Pip	m. ¼

Fiat mixtura : To be given in a cachet every 3rd hour.

II. The Prevention of the Spasm.**1. In Spasmodic Asthma.**

(a)

℞.

Sodii Iodide	gr. iv
Liq : Sodii Arseniatis	m. ii
Tinct : Stramonium	m. x
Spt : Etheris Co.	m. xx
Aq : Chloroformi	ad, ℥. i

Fiat mixtura ; Sig :—Thrice a day.

(b)

℞.

Ammon Iodide	℥. ii
Ext: Grindeliæ liq:	℥. ss
Ext: Glycyrrhizæ liq:	℥. iv
Tinct. Lobelia	℥. i ss
Tinct: Stramonium	℥. iss
Syr: Prunum Virginium	℥. iv

Fiat mixtura: Sig:—a teaspoonful in an ounce of water thrice a day.

2. In Cardiac Asthma due to the failure of the right ventricle.

(a) Caffeinæ Citras effervescence, a teaspoonful twice a day, is useful.

(b) Tabloid Trinitrine. gr. 1/100.

Sig:—one thrice a day.

(c) Camphor, strophanthus.

3. In Gastric Asthma.

℞.

Sodii sulpho carbolas	gr. iii
Sodii Bicarb	gr. xv
Tinct: Assafetida	m. vii
Spt: Chloroform	m. x
Aq: ptycotis	ad. ℥. i

Fiat mixtura: Sig:—twice a day after meal

4. In Renal Asthma.

(a) Open the bowel by calomel, followed by saline purgative in the morning.

(b) Induce sweating by hot vapour bath.

(c) Pilocarpine Nitras gr. 1/12 may be administered with caution.

5. In Asthma of Pregnancy.

Ext. Viburnum Prunifolium is an excellent palliative remedy.

6. Nasal Asthma :—

Local application of liq : adrenalin (1 in 1000)

The mucous membrane is desensitized and so-called asthma-points—that is points on the mucous membrane which on pressure with the sound cause definite reflex expressions—are searched for.

iii. Remove the Cause.**Find the cause :—**

Asthma is caused by “nervous irritation” either toxæmic or mechanical. It may serve as a mantle of ignorance to conceal some form of

- (i) *Autointoxication* (Kidneys, alimentary canal etc.), the asthmatic attack being due to a toxæmia affecting the vagus centre or pneumogastric trunk.
- (ii) *Mechanical irritation* (e.g. nasal polypus, passive hyperæmia in the lungs, insufficient heart's action etc.

Adapt your therapy to the cause. Remove the nasal polypus, cure the dilated stomach or the prolapsed bowel, tone up the heart's action, study the therapeutic indications of renal diseases and apply them *pro renata*, relieve gout, rheumatism and other disturbances of metabolism etc. The asthmatic condition will then take care of itself.

- 1. **Asthma of pregnancy** can not be cured until the birth of child.
- 2. **Hay or cat Asthma** can not be got rid of unless you remove the cause that is hay or cat.
- 3. **Nasal asthma** e.g., Polypus etc., can not be cured without operation.
- 4. **Uric acid diathesis.**

Thiolin (*a laxative salt of lithium*).

A teaspoonful in a cup of hot water early in the morning.

5. Neurotic asthma :—

Strychnia gr. 1/60 for two months.

6. Asthma of young subject :—

Syr. Ferri Iodide and Stern's Wine of Cod liver oil.

7. Bronchial asthma :—

Pot. Iodide and Arsenic for a month and then strychnine treatment.

N. B.—Pot. Iodide is contra-indicated in hæmoptysis, intra-glottic disorder,

8. In chronic asthma when chest has become barrel shaped :—

(a) Increase the nutrition of chest muscles by.

(i) Exercise *e.g.*, walking, hill ascending, swimming etc.,

(ii) Massage along intracostal muscles, deltoid etc. It stimulates the circulation and facilitates the flow of blood through the lungs.

(b) Increase activity of their nerve supply by strychnine.

N.B.—My readers will be startled if I say that asthma can be cured by anti-diphtheretic serum; the writer had never seen or heard of such a novel treatment and he wonders how such an ingenuous idea had harboured in the mind of its originator.

Prof: Revilliod (*Rev. Med. de la Suisse Romande Nov. 20, 1897*) argues that there is an increased secretion after the injection of serum in all the mucous membrane just as iodides aid the elimination of the particular noxious substance through the respiratory tract.

The author reports a series of interesting cases in which he injected antidiphtheretic serum in ten cubic centimeter doses during an attack. He even permanently cured in ten days by three injections. Have you ever cured my friends, Asthma permanently? I have not. Radical 'Cure' in the truest sense of the term seems to me impossible.

Asthma and Tuberculosis :—

It is an interesting fact that persons suffering from asthma hardly ever contract tuberculosis due to passive congestion of

lungs. This is Nature's classical example which furnishes the therapeutic indication for Bier's hyperæmia in such a variety of conditions.

Climatic treatment :—

The patient is the best judge of selecting his suitable atmosphere. Some patients feel comfortable in dry laterite soil, some prefer cool sea breeze while others hail balmy mountain air.

The patient should be in the open air as much as possible and not be imprisoned in the "Hot House" for fear of catching cold.

Hygienic treatment :—

1. Faradization of the vagus for ten minutes. This is a very effective remedy.
2. Percussion of some of the respiratory centres located in the spinal cord.
3. Kneipp's "walking in wet grass" enjoys a well-merited reputation.
4. Thoracic gymnastics. The object is to prolong and intensify inspiration and to shorten expiration.
5. Thermic shocks of heat and cold.
6. The judicious and regular use of cold baths to stimulate general vigour may prove of much benefit.

(*A System of Medicine by Osler and Mc. Cræ. Vol. iii, Page 720.*)

Dietetic treatment :—

During fits of spasms the patient must be on low diet chiefly fermented milk and cocoanut water.

During a-spasmodic period he may take the following :—

- I. Animal food.
- II. Vegetable food.
- III. Beverages.

I. Animal food.

(a) Meat at midday.

N. B.—No brain, liver and kidneys which contain purin bodies which are transformed into uric acid

2. No sauce.

3. No meat extract.

(b) Fresh water fish.

Avoid salt-water fish, crustacea and soft roe. (Minkowski).

(c) Eggs are allowed.

(d) Milk and foods prepared with milk are highly recommended. (*La Asthme*).

II. Vegetable food.

Rice, potato, oatmeal porridge, cornflour etc. are good.

Avoid cocoa and chocolate; they are the prolific source of uric acid basis (Armand Gautier).

III. Beverages.

The ideal drink is pure water.

Avoid alcoholic bitters, liquors and wine. (*Journal of Practical Dietetics*, September 1909).

Food should be plain, light and wholesome.

Remove all rocks of offense from the path of patient's pneumogastric. But, "if these things are done in the green tree," what is to be done in the dry? What chance has such a child of reaching old age?

The following is the **ideal Menu of diet** as sketched by the writer:—

7 A. M.—Milk with rusks, biscuits, dry toast and butter.

10 A. M.—Rice, a plate of meat, vegetables, soup, egg and fish.

1 P. M.—Milk 8 ounces.

4 P. M.—Fruits, egg, pomegranate, grapes &c.

7 P. M.—Bread curries, milk 8 ounces.

10 P. M.—Go to bed on an empty stomach.

Campbell in the Clinical Journal Jan. 5, 1910. sums up the whole of therapeutics in the aphorism :—

“Tend the mind and the nerves : correct the blood-plasma.”

1. By tending the mind I mean influencing the patient mentally, by means of education congenial occupation, bright society, change of scene, suggestion and so forth.
2. By tending the nerves I mean the removal of any source of reflex irritation that may be present *e.g.* eye strain dental disease.
3. By correcting the blood plasma. I mean the remedying any defect that fluid may exhibit.

The mystery of the disease lies to a large extent hidden in the blood, the most complex and subtly endowed fluid in Nature.

Rabagliati (*Med. Press, June 24, 1908*) looks upon asthma as a process by which nature eliminates unnecessary material from the body, and which therefore is to be met by anticipating nature's effort and reducing the intake.

Excess of carbonaceous food is the chief agent, but excess of any sort of food is harmful.

Morning—a cup of weak tea.

Noon—one meal.

5 P. M.—a cup of weak tea.

7 P. M.—a cup of Allen and Hanbury's food or Horlick's malted milk or maltine with milk.

N.B.—By means of this *regime*, most inveterate cases of asthma with emphysema can be put in abeyance for a considerable length of time.

A person is asthmatic because he has asthmatic blood, a condition of blood, which acting on respiratory mucous membrane produces through nervous system the vascular tumescence,

Frances Hare believes that plasma contains an excess of carbonaceous material, a condition which he terms hyperæmia and the digestive tract constitutes a potent source of blood poisoning.

Hence the rational treatment is

(i) Regulation of diet.

The quantity of starch, sugar and fat is curtailed and the patient is fed mainly on animal food.

(ii) Suitable muscular exercise.

Walking is best. Systematic massage, respiratory and other exercises are recommended.

EMPHYSEMA.

Emphysema is a disease of the lungs characterised by over-distension of the alveoli, and atrophy of the alveolar wall; in the great majority of cases this over-distension is persistent and permanent. The chief physical Signs characteristic of emphysema are :—

1. Over-distended barrel-shaped Chest.
2. Peculiar character of the breathing.
3. Very slight expansion of the chest which occurs even under the powerful respiratory efforts.
4. Bulging above the clavicles with attended coughing.
5. Hyper- resonance on percussion.
6. Covering up of the cardiac area.
7. Downward displacement of heart, diaphragm, liver etc.
8. Feeble inspiration and prolonged expiration.
9. Sibilant and sonorous rales.
10. Cyanosis,

The classical symptoms are :—

1. Shortness of breath on exertion.
2. Dyspnœa.

Physician should bear in mind :—

- (i) Atrophy of the alveolar walls, destruction of the capillaries, and wasting of the elastic tissues are changes which can not be repaired.
- (ii) The relief of the secondary effects upon the heart and the circulation.
- (iii) Emphysematous patients are prone to bronchitis; it is therefore of utmost importance that all known causes of catarrh, inflammation, should be carefully avoided. emphysema is in many cases the result of bronchitis, asthma.

There are two Varieties of emphysema :—

Hypertrophic—the most common form.

Atrophic—a rare form due to senile change.

Hence the rational plan of treatment would be first of all to allay bronchitis and to soothe cough.

The writer recommends the following.

Internally :—

R.		
	Acid Hydrobromic (Dil)	m. x
	Ext Ipecac : liq :	m. ss
	Inf : Digitalis	℥. i
	Glycerine	m. x
	Inf : Senegæ :	ad. ℥. i

Mft : for a dose : Sig : one every 4 hours.

Locally :—

R.	
	Lint : Ammonia
	Lint : Saponis Co :
	Lint Terebinth Co :
	a.a. ℥. ii

Mixt : to be rubbed over chest, twice a day.

If there be dyspnoea, cyanosis etc:—

- (1) Oxygen inhalation.
- (2) Bowels to be kept regulated and flatulency to be avoided.
- (3) Strychnine gr. 1/64 Tabloid internally :

If the patient is gouty, the regimen diet and therapeutic measures suitable for chronic gout should be employed.

When the bronchitis is allayed arsenic iodide and nitrites are valuable remedies :

Writer's favourite formula.

R.

Sodii Iodide :	gr. v
Liq : Sodii arseniatis	m. ii
Tinc : Nucis Vomica	m. iv
Syr : prunum Vibernum	ʒ. ss
Aq : chloroformi	ad, ʒ. i

Mft. for a dose ; Sig : one thrice a day with a tabloid of Liq : Trinitrin m i.

To maintain general health and tone of heart muscle Prof B. Bramwell recommends the following :—

R.

Liq : arsenic hydroch	ʒ. i
Liq : Strychnine hydroch	ʒ. ii
Acid hydrochloric (dil)	ʒ. ii
Liq : peptiens (Benger's)	ad, ʒ. iv

Mft. dose a teaspoonful in water thrice a day after food.

Dietetic treatment :—Diet should be plain and nutritious.

(Read my article on Asthma)

Hygienic treatment :—

Fresh air and mild exercise are beneficial ; He should live in an equable climate :

PLEURISY.

In considering the treatment of pleurisy it is rational to follow the **usual clinical division** :—

i. *Acute.*

ii. *Chronic :*

i. Acute pleurisy.

For practical treatment it is sub-divided into two forms :—

A. *Dry.*

B. *Moist.*

Treatment of the first or febrile period of the attack :—

Internally :—

Open bowels by mercurial purgative.

R.

Calomel gr. iii

Sodii Bicarb gr. x

Mft. for a pulv : Sig : at bed time :

An effervescent saline draught early in the morning :

1. R.

Tinc. Aconite m. ii

Tinc. Bryonia alba m. iv

Liq. Cinchonæ hydrobrom m. v—x

Aq. Anisi ad. ʒ. ss

Mft. for a dose : Sig. every 4 h. upto 3 or 4 doses. in a day.

2. If the pain be of a stabbing nature and very severe a dose of dover's powder at night is beneficial.

Hypodermically :—

Tabloid morphinæ hydrochloridi gr. $\frac{1}{4}$ is very efficacious to alleviate pain.

Locally :—

1. Strapping of the chest with long strips of adhesive plasters or belladonnâ plasters to limit the amount of movement.

2. Counter-irritation to the chest.

R.

Valsal Iodine 10 per cent. 5. iv

Oil. Cajuput ad. ʒ. ii

Mft. to be rubbed freely once or twice a day.

3. Warm fomentation over the chest.
4. Application of blister over the seat of pain followed by morphia dusting to relieve pain.
5. Apply thermofuge or antiphlogestine. It should be applied to the chest wall, (front, sides and back) hot and thick ; then wrap up the part with oiled silk followed by a thick layer of absorbent cotton.

It stimulates the action of phagocytes and arterial capillaries through its influence upon the peripheries of the nerves and secondly upon the nerve centres, to drive the accumulating tide through the engorged vessels, thus unloading them into the veins.

6. Apply leeches on the very focus of pain.

7. Ice bag may be used as in Pneumonia but it is attended with danger.

Treatment of the second or post febrile period of the disease :—

The panacea of our treatment is to initiate and facilitate the natural process of absorption.

In uncomplicated cases of simple serofibrinous pleurisy, it is not usually prolonged beyond ten days or a fortnight.

In those cases therefore, in which the pyrexia persists beyond this period the presence of purulent exudation should be suspected.

Internally :—

1. Quinine salicylate gr. v. early in the morning.

2. If there be signs and symptoms of effusion, the following is the writer's favourite formula :—

℞		
	Sodii Iodide	gr. iv
	Ext. Apocyanum liq.	m. x
	Mag. Sulph.	ʒ. ii
	Spt. Chloroform	m. xv
	Aq. Anisi	ad. ʒ. i

Mft. for a dose : Sig : one thrice a day : Iodide absorbs fluid from the pleural cavity, while apocyanum is credited with the remark " Vegetable trocar." Mag. Sulph removes the fluid by watery purgation.

3. In rheumatic pleurisy Prof : Hare recommends :—

℞		
	Pot Iodide	gr. v
	Syr. Ferri Iodide	m. x-xx
	Liq. Hydrarg. et Arsenic Iodide.	m. v
	Syr. Zingiberis	ʒ. i
	Aq. Chloroformi	ad. ʒ. i

Mft. for a dose. Sig. one twice or thrice a day.

4. When heart is embarrassed by effused fluid Inf. Digitalis with other cardiac tonic and diuretic is recommended.

℞.		
	Sodii Citras	gr. v
	Liq. Strychnine hydroch.	m. iii
	Inf. Digitalis	ʒ. i
	Dec. scoparia	ad. ʒ. i

Mft. for a dose : Sig : one thrice a day .

5. Pilo-carpine is highly recommended by some authorities during the absorption (post-febrile) period of the disease, but the physician should bear in mind about the fearful depression which it causes.

Locally :—

1. Hot pack, warm or vapour bath to induce free action of the skin.

Warm baths and tepid sponging are recommended because heat stimulates the activity of the skin : cold sponging is contra-indicated.

(*Nothnagel's Encyclopedia of Practical Medicine. Disease of the lung. P. 909.*)

2. Paracentesis :—

1. Withdraw more or less effused fluid and inject a little adrenalin sol. to stimulate the absorption of effused fluid.

3. Auto-Serotherapy :—consists in withdrawing a syringe-ful of the pleuritic fluid and immediately injecting it under the skin. No local reaction or constitutional disturbance is produced, but the pleural effusion is rapidly absorbed. There is marked diuresis immediately after the injection.

(*Berl. Klin. Woch. Jan. 18, 1909.*)

4. **Lung gymnastics**, as advocated by Prof : Byrom Bramwell ; the writer quotes the following lines from *the Clinical Studies* page 278 vol. ii.

“ The method is to make the patient forcibly blow water from one vessel into another. The time required to empty the bottle should be carefully measured from time to time, and the patient should be encouraged to shorten it (*i.e.* to expire more forcibly) from day to day. This procedure tends to produce expansion of collapsed portions of lung and to facilitate the absorption of fluid by the veins and lymphatics in the pleural wall”.

ii. Chronic pleurisy :—

At this stage absorption of fluid is delayed hence Iodide internally and mercurial ointment externally are recommended.

It is divided into—

(a) *Dry.*

(b) *With effusion.*

(a) **Chronic dry pleurisy generally leads to tuberculosis**; hence the writer prescribes creasotal m.v. in milk and codliver oil a drachm, twice a day after meal to guard against the microbic invasion.

(b) **Chronic pleurisy with effusion : —**

We should not be in a hurry to withdraw fluid until we see that Nature is falling to do it by herself.

(*The Clinical Journal July 13. 1910.*)

Sir James Barr. in "*The Bradshaw Lecture*" *Brit. Medical Journal* November 9th 1907 remarks :—

"The effusion keeps the collapsed lung quiet. which is very desirable if there be any active tuberculosis of lung. A very large proportion of cases of pleurisy are tubercular, and the early withdrawal of fluid causes vascular turgescence of the lung, often hastens the dissemination of tubercle bacilli and kills the patient."

G. Dieula-foy, on the other hand, strongly advocates thoracentesis.

That well renowned French Physician in *the text book of Medicine* 1910, Vol. i; page 261 remarks :—

"Operation is imperative, and we must not forget **that procrastination is an unfortunate formula** which costs patients their lives."

1. Dr. Cooke (*N. Y. Med. Journal*) recommends proto-nuclein tablets gr. iii (Reed and Carnrick) half an hour before meals and at bed time. Bowels to be opened with cascara and diet should be nourishing, *viz.* lean beef or mutton, vegetable and half a pint of cream daily. The result is very satisfactory; after 8 weeks of treatment the patient was declared cure.
2. Schnulgen (*British Medical Journal*) recommends Fibrolysin in pleural adhesions. He used Merck's preparation which contains 2. 3 c.c. of fibrolysin and sodium Salicylate in each capsule, and injected this dose either locally or in gluteal muscles. The injections were repeated once or twice every week.

3. Injection of air into the pleural cavity.

Sir James Barr has been a strong advocate of the principle of substituting air for the effusion; he states that this method, by allowing a slower expansion of the collapsed lung, obviates the tendency to sudden congestion and œdema, and diminishes the risk of recurrence of the effusion.

(*System of Medicine by Allbutt and Rolleston* Vol. V. Page 558.)

4. Injection of Nitrogen gas into the pleural sac.

During Convalescence :—

The following tonic is recommended.

R.

Ferri et Quininae Citras	gr. x
Acid Nitromuriatic Dil	m. vii
Liq. Strychnine hydroch	m. ii
Spt. Chloroform	m. x
Inf. Calumba	ad. ʒ. i

Mft. for a dose. Sig. one thrice a day after meal.

Hygienic treatment :—

1. Patient should be confined to bed.
2. Patient's surrounding should be pleasant and cheerful.
3. Room should be dry and well ventilated.
4. Strong mental suggestion is recommended.

As soon as the fever subsides, the patient should be told that the inflammation is at an end and that convalescence is about to commence ; Prof : B. Bramwell attaches great importance to the administration of such a mental tonic.

Dietetic treatment :—

1. Milk.
2. Plasmon and milk.
3. Horlic's malted milk.
4. Soups.
5. The amount of fluid which the patient drinks should be restricted as much as possible.
6. Diet should be dry, and free from salt.

Prof : Osler states that he has seen large effusions disappear rapidly under a dry diet and full doses of epsom salts,

Diseases of the Genito-urinary System.

CHAPTER. VII.

ALBUMINURIA.

The name albuminuria is generally given to signify the presence of albumin in the urine.

Prof: Osler in *the Principles and Practice of Medicine* has remarked :—

“The presence of albumin in the urine, formerly regarded as indicative of Bright’s disease, is now recognised as occurring under many circumstances without the existence of serious organic change in the kidney.”

Albuminuria is either physiological or pathological. By the former it is understood that in apparently healthy persons albumin—usually small in quantity—is found in the urine; by the latter albumin is present due to diseased condition of any part of the urinary tract.

The clinical significance of the presence of serum albumin is an indication of a fault in metabolism rather than an evidence of renal impairment.

It conveys a sentence of death to one not doomed to die.

There are two varieties of albuminuria, viz :—

i. Physiological.

ii. Pathological.

i. **Physiological or functional :—**

“Albuminuria in the apparently healthy” is met with in 4 conditions.

1. "EXERTION ALBUMINURIA."—The albuminuria dependent on "muscular exertion" is very common. It occurs in the healthiest and strongest. The chief factor in the production of this form is the prolonged muscular contraction and consequent rise of blood pressure.
2. NEUROTIC ALBUMINURIA.—Of this form our knowledge is less precise. There is some evidence that transient and slight albuminuria may follow prolonged overwork and mental strain or anxiety. The transient albuminuria which has been noted in exophthalmic goitre may, possibly, come under this head.
3. "DIETETIC ALBUMINURIA"—Comprises cases in which a slight transient albuminuria is apparently induced either
 - (i) By the ingestion of large quantities of protied material, such as cheese and eggs; or,
 - (ii) By the taking of food of any kind.
4. "POSTURAL ALBUMINURIA."—To this class most instances of albuminuria in the apparently healthy belong. It is spoken of as "postural" because it is largely influenced by the position of the body. It is also called "cyclic" from the fact that the daily appearance of albumin shows a certain definite rhythm or periodicity. It probably also includes the majority of cases which have been termed "albuminuria of adolescents." It is most commonly met with in young people. It is not present in the urine passed immediately on rising in the morning. It is present in the after-breakfast specimen. It may not be found again in the course of the day, but in many cases it is present after the midday meal. It is nearly always absent in the evening, when the day's work is done.

The albumin is always small in amount.

ii. Pathological :—

1. Congestive :

A. *Active* :—(i) Cold.

(ii) Chill.

(iii) Toxic substances which irritate kidney
e.g. alcohol, lead, turpentine.

(iv) Infectious disease *e.g.* diphtheria, cholera,
scarlet fever.

(v) Nervous storm *e.g.* epilepsy, disease of spi-
nal cord.

B. *Passive* :—(i) Heart disease.

(ii) Lung disease.

(iii) Pregnancy.

(iv) Ascites.

(v) Debility after fever.

2. Inflammatory *i.e.* albuminuria of renal origin *e.g.* nephritis
in all its form.

3. Morbid changes in blood *e.g.* scurvy, purpura, hæmophilia.

4. New growths *e.g.* cancer, syphilis, tuberculosis.

5. Degeneration *e.g.* lardaceous disease.

N.B.—Prof : Nestor Tirard (*Lancet Oct. 9, 1909.*) remarks :—

“Albumin is merely an indication of an abnormal condition :
it is not a disease. Numerous other signs and symptoms must be
carefully weighed, perhaps at short intervals, before it is justifiable
to express more than a provisional diagnosis.”

Theories of albuminuria :—

There are four current views of this disease, viz :—

1. Hæmatogenous.

2. Parenchymatous.

3. Vascular.

4. Metabolic disturbances.

1. Hæmatogenous theory :--

It is due to alteration of alkalinity and salts of blood.

Albuminoid proteid becomes more easily diffusible and excretes in the urine as albumin. It occurs in scurvy, purpura etc.

2. Parenchymatous theory :--

It is due to some changes in the lining epithelium of glomeruli :

- (a) Epithelium of glomeruli has been degenerated, and therefore allows albumin to escape.
- (b) Degenerated epithelium having been shed, the basement membrane which remains in tact, allows albumin to escape.
- (c) Senator of Berne's view : degenerated epithelium contains albumin in it and is the source of albumin in urine. It occurs in inflammatory disease of kidney.

3. Vascular theory :--

It is due to alteration of blood pressure. The lower the arterial blood pressure, the greater the albumin in urine, and inversely when the blood pressure increases the albumin in urine diminishes. It occurs in heart disease, lung diseases etc.

4. Metabolic disturbances : -

Treatment :--

Remove the cause if possible, put the patient to bed and feed him on bland diet.

In the cases of exertion albuminuria of neurotic and dietetic albuminuria and of the form dependent on cold bathing, the apparent cause can be removed. In the far more common case of postural albuminuria there is no indication for special treatment.

N.B.—Dr. Dukes recognises three classes of functional albuminuria as follows :--

1. One class is characterised by a raised arterial tension.

Treatment—reduce protein from diet and purge occasionally by blue pill.

2. In the second class, pulse is large and soft, extremities chilly, the heart large and chilblains common.

Treatment—full diet with strychnine and arsenic.

3. In the third class arterial tension varies, patients are neurotic and sparely built,

Treatment—Bromides and occasionally blue pill.

The writer's favourite formula in cases of functional albuminuria :—

R.

Calcii carb præcip.	℥. i
Acid lactic B P.	m. 130
Inf : Digitalis	℥. iss
Inf : Buchu	ad. ℥. vi

Mft : Divide it into 12 marks : Sig : one thrice a day in water.

(One mark or one tablespoonful contains 15 grains of calcium lactate).

BRIGHT'S DISEASE.

Bright's Disease is a diffuse specific nephritis characterised by albuminuria, casts, etc.

The disease may be *clinically* divided into two groups, *viz* :—

1. Acute Bright's Disease.
2. Chronic Bright's Disease.

It is certain, heredity is a potent factor in the production of nephritis. Mental depression and nervous exhaustion are the predisposing causes of this disease.

1. **Acute Bright's Disease** is an acute diffuse nephritis due to the action of cold or toxic agents upon the kidneys.
2. **Chronic Bright's Disease** is a chronic nephritis.

Clinically two groups are recognised :—

- (i) *Chronic Tubal or Parenchymatous Nephritis* is characterised by marked dropsy, large amount of albumin, high specific gravity, scanty urine and *post mortem* by the *large white kidney*. In the latter stages of this process the kidney may be smaller—a condition known as the *small white kidney*.
- (ii) *Chronic Granular or Contracted or Interstitial Nephritis* is characterised by absence of dropsy, trace of albumin, low specific gravity, polyuria, and later, renal fibrosis and secondary cardio-vascular changes, *viz.*, hypertrophy of the heart and thickening of the arteries, are established.

Classical Symptoms of Acute Bright's Disease :—

1. Puffiness of face.
2. High coloured scanty urine which contains albumin, blood and tube-casts.
3. Dull pain on the loins.
4. Vomiting may be present.
5. Temperature is high generally in children.
6. Subsequently hardness of pulse and general anasarca ensue.
7. In later stages dropsy and anæmia are well marked. The visible characters to the disease—the bloated pallor and the water-logged carcass—are very characteristic.

Classical Symptoms of Chronic Parenchymatous Nephritis :—

Following an acute nephritis, the disease may present in a modified way, the symptoms of that affection; in many cases it sets in insidiously.

1. Symptoms of acute Bright's disease.
2. Uræmic symptoms are common, though convulsions are less frequent than interstitial nephritis.
3. Cardio-vascular changes are less common.

Heart may be hypertrophied, though there are instances in which the heart is not enlarged.

The tension of pulse is usually increased.

4. Retinal change is less frequent than in chronic interstitial nephritis.

5. Gastro-intestinal symptoms are common.

Uræmia is the common termination.

Uræmia may be defined as a toxic condition arising usually in cases of acute or chronic renal disease. It is allied to other toxic states, such as acetonæmia and cholæmia.

There are two forms of Uræmia—Acute and Chronic.

Acute Uræmia :—

Prodromata are :—

1. Headache especially occipital.
2. Nervous complaints :—
 - (a) Cramps in legs.
 - (b) Numbness or tingling in limbs.
 - (c) Paralysis.
 - (d) Uræmic amaurosis (blindness).
 - (e) Deafness.
3. Fœtor in breath.
4. A foul tongue.
5. Loss of appetite.
6. Drowsiness.
7. Itching of skin is the result of natural excretion of urea through sweat glands.
8. Pulse slow.
9. Temperature subnormal.

Symptoms are :—

1. Clonic convulsion ; muscles are alternately relaxing and contracting.
2. Unconsciousness.
3. Expiration ends in a peculiar whistling noise whereas in apoplexy the breathing is stertorous.
4. Coma supervenes.

Chronic Uræmia.

Clinically two forms are noted—

- (i). Asthmatic.
- (ii). Dyspeptic.

i. Asthmatic Uræmia.

Uræmic dyspnœa is classified by Palmer Haward as follows :—

- (a) Continuous dyspnœa.
- (b) Paroxysmal dyspnœa.
- (c) Both types alternating.
- (d) Cheyne-strokes breathing.

The attacks of dyspnœa are nocturnal ; the patient generally sits up in bed ; it is called in popular language ‘renal asthma.’

Cheyne-Strokes breathing :—

Instead of the ordinary inspiration and expiration occurring with regularity there are alternate periods of apnœa (during which the breathing fades away to nothing) and dyspnœa (during which the breathing becomes extremely marked). The term ‘Cheyne-strokes breathing’ is called after two Dublin Physicians—Dr. Cheyne and Dr. Strokes.

Blood pressure is best measured by Martin-Riva-Rocci instrument.

During period of Apnœa 230.

During period of Dyspnœa 240.

ii. Dyspeptic Uraemia.

- (a) Vomiting of cerebral type.
- (b) Hiccup.
- (c) Diarrhœa profuse with ammoniacal smell.

Theories of Uræmia :—

1. Retention of, or intoxication by

- (a) Urine as a whole ;
- (b) Keratinin ;
- (c) Carbonate of Ammonia ;
- (d) Potassium Salts ;
- (e) Chlorides.

2. Anæmia of the Brain (Traube's theory)—

- (a) Dependent on œdema brought about by the spasm of vessels of certain cerebral areas ;
- (b) Dependent on a poison ;

3. Due to high arterial tension.

Chronic Interstitial or Granular Nephritis, —

The pathology is an overgrowth of the interstitial, intertubular or fibroid tissue as the result of a slow process akin to inflammation.

The overgrowth is succeeded by contraction and the compression of the tubes and malpighian bodies to their gradual atrophy and partial extinction.

There may be no symptoms whatever to suggest to the patient the existence of a serious malady.

The only safe rule is to examine urine carefully in every case.

The writer quotes the language of Sir William Gull :

"What can a doctor know about a man, if he knows nothing about his urine.?"

The classical symptoms are, —

- 1. Urine of low specific gravity, occasional hyaline or granular cast, polyuria and mere trace of albumin.
- 2. Dropsy is usually absent.
- 3. Dyspnœa, *i.e.*, breathlessness on exertion.

4. Pulse of increased tension, hard and incompressible, due to "in the arterial side of the vascular system, resistance in front and increased pressure behind."—*Sir H. W. Broudbent*.

5. Heart is affected; hypertrophy of left ventricle; the second sound at the aortic area is ringing in character and is accentuated,—a very characteristic sign of increased tension. The apex beat of the heart is displaced to the left.

6. Severe vomiting or diarrhoea may be the first sign.

7. Mental condition associated with Bright's disease :—

Renal cirrhosis is frequently associated with adhesion and thickening of the dura mater. The pia mater is also apt to be thickened and opaque, and in some instances adherent to the cortex cerebri. When this is the case the lymphatic or vascular circulation is so impaired that symptoms of cerebral and mental degeneration appear.

Renal disease, therefore is associated with insanity in two ways :—

(i) Acute transient delirious mania, an acute toxæmia, or uræmic insanity.

(ii) A progressive cerebral degeneration, with chronic renal disease as the primary cause. (*Special Bright's Disease Number, Practitioner Nov. 1901*).

8. Cerebral apoplexy, epistaxis, retinal hæmorrhage, etc.

High blood pressure for a considerable length of time tends arterioles of the brain, nose, etc., to become diseased; a condition of periarteritis is apt to be developed and minute miliary aneurisms are apt to form on these arterioles. The rupture of these minute aneurisms is the cause of epistaxis, cerebral hæmorrhage, etc.

9. Albuminuric retinitis is a complication during the late stage of the disease.

The cardinal symptom is sudden dimness of vision.

10. Eczema is a common accompaniment.

11. In later stages when the heart fails, the quantity of albumin may be greatly increased.

“Acute uræmia is perhaps the most typical mode of termination of this form of Bright's disease.” (J. BRADFORD in *Practitioner*, November 1901, page 518.)

Physicians should keep in mind three points regarding the treatment of this grave malady, *viz.* :—

- (i) Medical ;
- (ii) Dietetic ;
- (iii) Hygienic.

Medical Treatment of Acute Bright's Disease :—

Remember the following golden rules :—

1. To abate renal hyperæmia ;
2. To avoid renal irritants (cantharides should not be put on any part of the body, for it is absorbed and excreted by the kidney) ;
3. to give physiological rest to the kidneys without irritating the gland.

(A) By maintaining an abundant flow through the tubes :

Distilled water, barley water, lemonade, are recommended for this purpose.

The following indigenous decoction is worthy of a trial, *viz.* :—

Decoction of white “punarnava” (*Bærhoavia Diffusa*) an old “mula” (*Raphanus Sativus*—Garden Radish), twice a day.

N.B.—“Powerful diuretics must harm the kidney and therefore they should not be given.”—HALL WHITE of *Guy's Hospital*.

The writer recommends the following formulæ :—

R.

Liq. ammon citratis	5. ij
Pot Citrus.	gr. x
Sodii Citras :	gr. v
Inf. Digitalis	5. i
Inf. Buchu	5. i

Mft. for a dose, Sig : one four times a day.

N.B.—Digitalis is employed without risk when the arterial tension is low and the cardiac impulse is not forcible.

The advantages of this mixture are :—

(a) it is a mild blood diuretic.

(b) it keeps the urine alkaline.

Fatty casts will, owing to the formation of soaps, come away more readily when the urine is alkaline.

(B) By keeping the skin active.—

(i) Keep the patient in a warm bed, in a warm room..

There is nothing better for keeping the skin at an uniform warm temperature than bed, and in Acute Bright's Disease the natural relationship between the skin and the kidneys is particularly delicate, and even a slight cooling of the skin may greatly increase the renal disease.

The stay in bed should be absolute until a week after the albumin has disappeared.

Another reason for keeping the patient in bed is that Acute Bright's Disease is a febrile disorder.

The temperature of the sick room should be constantly at 65°F.

(ii) The flow of sweat can be much increased—

(a) by hot drinks, hot soda, hot lemonade :

(b) by hot bath :

(c) by hot air bath ; (the usual duration of a hot bath is 15 minutes) ;

(d) by wet pack ;

The patient is wrapped in a sheet which has been wrung out in warm water, and over which several blankets are wrapped. After 20 minutes the sheet is removed, and the patient dried, and then he is wrapped in more hot blankets.

(e) by subcutaneous injection of pilocarpinæ nitras gr. 1/10.

(C) By keeping the bowels free.

The following are recommended :—

(a) Occasional dose of mercurial purge or compound jalap powder or compound scammony powder to be given at night.

(b) Sulphate of Magnesium and Soda in the morning as follows.

R.		
	Mag. Sulph.	5. ijs
	Sodii Sulph	5. ijs
	Glycerine	m. x
	Aq. Aurantii Floris	ad. 3i

Mft. for a dose.

Treat the patient symptomatically :—

1. Oedema of legs :—

(a) Horizontal posture must be strictly maintained when the legs are affected.

(b) Periodical local hot air baths are good.

N.B.—Puncture of the legs should be avoided.

2. Sleeplessness :—

Chloral Amide, grains 20, is best.

N.B.—Avoid Sulphonal, Trional and Tetronal as they lead to hæmato-porphynuria. (*Hale White*). Avoid onion.